

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 3. AGRICULTURE

CHAPTER 9. DEPARTMENT OF AGRICULTURE AGRICULTURAL COUNCILS AND COMMISSIONS

[R13-210]

PREAMBLE

Editor's Note: The following two Notices of Final Exempt Rulemaking were exempt from Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 4141.)

- 1. Article, Part, or Section Affected (as applicable)**

	<u>Rulemaking Action</u>
R3-9-601	Amend
R3-9-602	Amend
R3-9-604	Amend
R3-9-605	Amend
R3-9-606	Amend
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statutes (general) and the implementing statutes (specific), and the statute or session law authorizing the exemption:**

Authorizing statute: A.R.S. § 3-414(C)(11)
Implementing statute: A.R.S. § 3-404(B)
Statute or session law authorizing the exemption: A.R.S. §§ 3-414(C)(11) & 41-1005(A)(29)
- 3. The effective date of the rule and the agency's reason it selected the effective date:**

October 15, 2013. The effective date is the date the Committee approved these rulemaking amendments.
- 4. A list of all notices published in the Register as specified in R1-1-409(A) that pertain to the record of the exempt rulemaking:**

Notice of Exempt Rulemaking: 18 A.A.R. 2928, November 9, 2012
- 5. The agency's contact person who can answer questions about the rulemaking:**

Name: Teresa Lopez
Address: Department of Agriculture
1688 W. Adams Street
Phoenix, AZ 85007
Telephone: (602) 542-0945
E-mail: tlopez@azda.gov
- 6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:**

The Leafy Greens Food Safety Committee administers and enforces the Arizona Leafy Green Products Shipper Marketing Agreement. This marketing agreement requires shippers of leafy green vegetables who are signatories to the agreement to follow best practices with respect to the handling of those products in order to enhance food safety and prevent the outbreak of illnesses stemming from the consumption of leafy green vegetables.

Rule 601 is being updated to incorporate the August 1, 2013 version of the Commodity Specific Food Safety Guidelines and to change a website. Rules 602, 604, 605 and 606 are being amended with stylistic changes that are more consistent with the Arizona Rulemaking Manual. Rules 605 and 606 are also being amended to remove the word "Marketing" before "Committee" because "Committee" is defined in rule 601.

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The August 1, 2013 version of the Commodity Specific Food Safety Guidelines includes the following changes to the 2012 version. Definitions have been added for active compost, animal hazard, agricultural material, and food safety personnel. The definition of food safety professional has been revised to say “documented training” instead of “formal training.” All references to “animals of significant risk” have been removed and replaced in most cases with a reference to animals or animal hazards. The requirement to perform an environmental risk assessment now includes documenting that assessment. The requirement to not use equipment that may be a source of cross contamination has been clarified to apply to equipment that has not subsequently been properly sanitized. Finally, the Issue of Production Locations-Encroachment by Animals and Urban Settings has been substantially revised, including a revised Decision Tree at Figure 5.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact, if applicable:

Not applicable

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and the final rulemaking package (if applicable):

Not applicable

11. An agency’s summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:

The agency received no comments about the rulemaking.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

The agency head of the Leafy Greens Food Safety Committee is not appointed by the Office of the Governor; therefore, Executive Order 2012-03 does not apply to this exempt rulemaking. This rulemaking would also be exempt from the rulemaking moratorium imposed by Executive Order 2012-03 by paragraph 2(g) of that Order because these rules are exempt from the rule making requirements of Title 41, Chapter 6 under A.R.S. § 41-1005.

A.R.S. § 3-414(C)(11) requires the Committee to provide fifteen days advance notice of the meeting at which rules will be adopted and to receive public testimony at the meeting regarding the rules. The Committee complied with these requirements by giving notice on September 30 and holding the meeting on October 15.

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rules do not require a permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule’s impact of the competitiveness of business in this state to the impact on business in other states:

No

13. A list of any incorporated by reference material and its location in the rule:

Rule 601: Commodity Specific Food Safety Guidelines for the Production and Harvest of Lettuce and Leafy Greens: Version 5 – Arizona” dated August 1, 2013

Rule 601: Arizona Leafy Green Products Shipper Marketing Agreement, as amended effective October 1, 2011, that was approved pursuant to the Act

14. Whether the rule was previously made, amended, repealed or renumbered as an emergency rule. If so, the agency say state where the text changed between the emergency and the exempt rulemaking packages:

No

15. The full text of the rule follows:

TITLE 3. AGRICULTURE

CHAPTER 9. DEPARTMENT OF AGRICULTURE
AGRICULTURAL COUNCILS AND COMMISSIONS

ARTICLE 6. LEAFY GREENS FOOD SAFETY COMMITTEE

Section

- R3-9-601. Definitions
- R3-9-602. Best Practices; LGMA Compliance
- R3-9-604. Loss of Use of Service Mark
- R3-9-605. Violation Levels; Repeated Violations
- R3-9-606. Corrective Action Plans

ARTICLE 6. LEAFY GREENS FOOD SAFETY COMMITTEE

R3-9-601. Definitions

“Act” means A.R.S. Title 3, Chapter 3, Article 1.

“Auditor” or “Inspector” means a state or federal agricultural regulatory agency or their designee(s), or a private entity contracted by the Committee to perform inspections authorized by the Act.

“Best practices” means the “Commodity Specific Food Safety Guidelines for the Production and Harvest of Lettuce and Leafy Greens: Version 6 7 – Arizona” dated August 1, 2012 2013. This document is incorporated by reference, does not include any later amendments or editions, and is available for review online at <http://www.arizonaleafygreens.org/members/resources/> and at the Arizona Department of Agriculture, 1688 W. Adams, Phoenix, Arizona 85007.

“Committee” means the Leafy Greens Food Safety Committee established pursuant to the Marketing Agreement.

“LGMA” or “Marketing Agreement” means the Arizona Leafy Green Products Shipper Marketing Agreement, as amended effective October 1, 2011, that was approved pursuant to the Act. This document is incorporated by reference, does not include any later amendments or editions, and is available for review online at <http://www.azlgma.gov/members/resources.asp> <http://www.arizonaleafygreens.org/members/resources/> and at the Arizona Department of Agriculture, 1688 W. Adams, Phoenix, Arizona 85007.

“SOP” means standard operating procedure.

R3-9-602. Best Practices; LGMA Compliance

- A. No change
- B. No change
- C. When the best practices require a SOP, there ~~must~~ shall be an appropriate SOP and that SOP ~~must~~ shall be followed.

R3-9-604. Loss of Use of Service Mark

- A. A signatory ~~will~~ shall lose the privilege to use the service mark if the signatory:
 - 1. Commits a flagrant violation or repeated major deviation,
 - 2. Fails to comply with R3-9-603,
 - 3. Has not paid assessments due for the prior fiscal year, or
 - 4. Withdraws from participation in the LGMA pursuant to Article XVI, Section C of the LGMA.
- B. The first flagrant violation or repeated major deviation ~~will~~ shall result in a suspension of the privilege to use the service mark for a minimum two-week period.
- C. A flagrant violation or repeated major deviation following the first flagrant violation or repeated major deviation ~~will~~ shall result in an indefinite suspension of the privilege to use the service mark.
- D. A flagrant violation or repeated major deviation following a suspension pursuant to subsection ~~C~~ (C) ~~will~~ shall result in an indefinite revocation of the privilege to use the service mark. The privilege to use the service mark ~~will~~ shall not be restored to the signatory for a minimum of two years unless the signatory demonstrates to the satisfaction of the auditor and the Committee a significant change in management and brand.
- E. A signatory whose privilege to use the service mark is suspended or revoked pursuant to subsections ~~B-D~~ (B)-(D) shall not use the service mark until the signatory has undergone at least one new audit without the finding of any major deviations or flagrant violations and has evidenced that the signatory has corrected any minor deviations found.
- F. At least two weeks of any suspension of the privilege to use the service mark under subsections ~~B-D~~ (B)-(D) ~~must~~ shall occur between December 1 and March 31.
- G. The Committee may accelerate the progression of penalties under this Section if the signatory’s product seriously affects a person’s health and the signatory handled the product with intentional, knowing or reckless disregard for the signatory’s obligations under the LGMA and best practices.

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- H. A signatory ~~will~~ shall not lose the privilege to use the service mark under subsection (A)(1)-(2) without an opportunity for a hearing under A.R.S. Title 41, Chapter 6, Article 10, except if the Committee finds that the public health, safety or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, the Committee may order summary suspension of a signatory's privilege to use the service mark.
- I. A signatory that loses the privilege to use the mark under subsection (A)(3) ~~must~~ shall pay all assessments due from prior fiscal years, including penalties and interest, before regaining the privilege to use the service mark.
- J. The Committee may publish a list of signatories whose privilege to use the service mark has been suspended.

R3-9-605. Violation Levels; Repeated Violations

- A. No change
- B. No change
 - 1. No change
 - 2. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
- C. No change
- D. No change
 - 1. No change
 - 2. No change
 - 3. No change
 - 4. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - 5. No change
 - 6. No change
- E. Violations constituting flagrant violations or major deviations are not limited to those listed in ~~paragraph D~~ subsection (D).
- F. No change
- G. No change
- H. The ~~Marketing~~ Committee or its designee may assess a signatory with a major deviation if an auditor discovers several minor deviations or minor infractions of the same type or if a signatory fails to timely submit a corrective action plan.
- I. No change

R3-9-606. Corrective Action Plans

- A. A signatory who commits a flagrant violation, major deviation, or minor deviation ~~must~~ shall correct the violation and submit a corrective action plan to the ~~Marketing~~ Committee or its designee within five business days of receipt of the audit report noting the violation. If the ~~Marketing~~ Committee or its designee rejects the corrective action plan, the signatory has 24 hours to submit a revised corrective action plan.
- B. In the case of a flagrant violation or major deviation, once the ~~Marketing~~ Committee or its designee accepts the signatory's corrective action plan, an auditor ~~will~~ shall perform an unannounced audit of the signatory within three business days.
- C. The signatory shall comply with the corrective action plan.
- D. Notwithstanding ~~paragraph A~~ subsection (A), in the case of a violation that creates an immediate danger to public health, the signatory shall submit a correction action plan immediately and take necessary action to minimize the threat to public health.

NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER. 46 BOARD OF APPRAISAL

[R13-209]

PREAMBLE

- 1. Articles, Parts, and Sections Affected (as applicable)**

	<u>Rulemaking Action</u>
R4-46-106	Amend
Article 2	Amend
R4-46-201	Amend
R4-46-201.01	New Section
R4-46-202	Amend
R4-46-202.01	New Section
R4-46-203	Repeal
R4-46-203	New Section
R4-46-204	Amend
R4-46-205	Amend
R4-46-206	Repeal
R4-46-207	Amend
R4-46-209	Amend
Article 7	Repeal
R4-46-701	Repeal
R4-46-702	Repeal
R4-46-703	Repeal
R4-46-704	Repeal

- 2. Citations to the agency's statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute: A.R.S. § 32-3605(A)

Implementing statute: A.R.S. §§ 32-3601, 32-3605(B), 32-3607, 32-3610, 32-3611, 32-3612, 32-3613, 32-3614, 32-3614.01, 32-3614.02, 32-3616, 32-3617, 32-3618, 32-3619, and 32-3620

Statute or session law authorizing the exemption: Laws 2013, Chap. 184, § 28

- 3. The effective date for the rules and the reason the agency selected the effective date:**

November 21, 2013 (the date the notice was filed with the Office of the Secretary of State).

This immediate effective date is necessary so the Board is in compliance with statutory changes made by the legislature during its last session (See Laws 2013, Chap 184).

- 4. Citation to all related notices published in the Register to include the Register as specified in R1-1-409(A) that pertain to the record of the exempt rulemaking:**

Notice of Public Information: 19 A.A.R. 3285, October 18, 2013

- 5. The agency's contact person who can answer questions about the rulemaking:**

Name:	Debra J. Rudd, Executive Director
Address:	Board of Appraisal 15 S. 15th Ave., Suite 103A Phoenix, AZ 85007
Telephone:	(602) 542-1593
Fax:	(602) 542-1598
E-mail:	debra1@azboa.gov
Web site:	http://www.appraisal.az.state.us

- 6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:**

The Board's organic statutes were substantially revised during the 2013 legislative session (See Laws 2013, Chap 184). In this rulemaking, the Board is making changes necessary to comply with the licensing provisions of the revised statutes. It is also repealing Article 7, which consists of only one Section, so that fees for registration of

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appraisal management companies appear in only R4-46-106. The Board is making other required changes in a related rulemaking that it expects to complete in 2014. Many of the revisions to the Board's organic statutes and these rules result from changes to federal law.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. A summary of the economic, small business, and consumer impact, if applicable:

Most of the economic impact on appraisers results from legislative action rather than this rulemaking. In this rulemaking, the Board establishes new fees for registration and renewal of registration as a trainee appraiser and for license or certificate by reciprocity. These fees are specifically authorized under A.R.S. §§ 32-3607(9), 32-3618(3), and 32-3619(A).

10. A description of any changes between the proposed rulemaking, including supplemental notices, and the final rulemaking (if applicable):

Not applicable

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to comments, if applicable:

Written comments were received from Kristi Klamet of the Appraisal Subcommittee. After her comments were incorporated into the rulemaking, she reviewed the rulemaking again and had no additional comments. Two individuals attended an oral proceeding held on November 20, 2013, but had no issues with the rulemaking.

12. Other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

None

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rules require that applicants obtain a registration certificate, license, certificate, or designation. These are general permits.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

On July 21, 2010, the Dodd-Frank Wall Street Reform and Consumer Protection Act became law. The Act amends Title XI of the Federal Financial Institutions Reform, Recovery and Enforcement Act of 1989 regarding federally related transactions. A federally related transaction includes an appraisal completed for FHA or loans that may be sold to Fannie Mae or Freddie Mac, or those completed for lenders with FDIC insurance or under the control of the Office of the Comptroller of the Currency.

The Act mandates that real estate appraisals be performed in accordance with generally accepted appraisal standards as evidenced by the standards made by the Appraisal Standards Board of the Appraisal Foundation. In Laws 2013, Chapter 184, the legislature significantly amended the organic statutes of the Board of Appraisal to conform to the Act. This includes a provision that the uniform standards of professional appraisal practice as published by the Appraisal Standards Board are the standards for this state (See A.R.S. § 32-3610). This rulemaking implements the licensing portions of Laws 2013, Chapter 184. The rules are not more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:

The following material is incorporated by reference in R4-46-201:

The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria (Real Property Appraiser Qualification Criteria Effective January 1, 2015; Appendix, Real Property Appraiser Qualification Criteria Prior to January 1, 2015; Includes All Interpretations and Supplementary Information).

14. Whether the rule was previously made, amended, or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

The rules were not previously made, amended, or repealed as emergency rules.

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15. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 46. BOARD OF APPRAISAL

ARTICLE 1. GENERAL PROVISIONS

Section

R4-46-106. Fees

ARTICLE 2. LICENSING REGISTRATION, LICENSURE, AND CERTIFICATION AS AN APPRAISER

Section

R4-46-201. Appraiser Qualification Criteria

~~R4-46-201.01. Application for Designation as a Supervisory Appraiser; Supervision of a Registered Trainee Appraiser~~

R4-46-202. Application for License or Certificate Original Registration, Licensure, or Certification

~~R4-46-202.01. Application for Licensure or Certification by Reciprocity~~

R4-46-203. ~~Procedures for Processing Applications~~ Application for Non-resident Temporary Licensure or Certification

R4-46-204. ~~Appraiser Licensure and Certification Examinations~~

R4-46-205. Issuance of a Registration, License, or Certificate

R4-46-206. ~~Hearing on Denial of a License or Certificate~~ Repealed

R4-46-207. Renewal of a Registration, License, or Certificate, Changing Classification

R4-46-209. Replacement of a Registration, License, or Certificate; Name Change

ARTICLE 7. GENERAL PROVISIONS—FEES REPEALED

Section

R4-46-701. ~~Reserved~~ Repealed

R4-46-702. ~~Reserved~~ Repealed

R4-46-703. ~~Reserved~~ Repealed

R4-46-704. Fee Repealed

ARTICLE 1. GENERAL PROVISIONS

R4-46-106. Fees

A. ~~The~~ Under the specific authority provided by A.R.S. §§ 32-3607, 3619, and 3667, the Board establishes and shall charge and collect the following fees for the following:

1. ~~Initial Application~~ Application for original license or certificate: \$400

2. Application for registration as a trainee appraiser: \$300

~~2-3.~~ Examination: \$100 The amount established by the AQB-approved examination provider

~~3-4.~~ Biennial Renewal renewal of a License license or Certificate certificate: \$425

5. Renewal of registration as a trainee appraiser: \$300

~~4-6.~~ Delinquent Renewal renewal (in addition to the Renewal renewal fee): \$25

~~5-7.~~ Biennial National Registry national registry: \$80 The amount established by the appraisal subcommittee

8. Application for license or certificate by reciprocity: \$400

~~6-9.~~ Application for non-resident Temporary License temporary license or Certificate certificate: \$150

~~7-10.~~ Course Approval approval:

a. ~~Qualifying Education~~ Core-curriculum qualifying education

i. ~~Initial Course Approval~~ course approval: \$400

ii. ~~Renewal of Course Approval~~ course approval: \$100

iii. ~~Renewal of Course Approval to Change Instructor~~ course approval to change instructor: \$50

b. ~~Continuing Education~~ education

i. ~~Initial Course Approval~~ course approval: \$200

ii. ~~Renewal of Course Approval~~ course approval: \$100

iii. ~~Renewal of Course Approval to Change Instructor~~ course approval to change instructor: \$50

11. Application for initial registration as an appraisal management company: \$2,500

12. Biennial renewal of registration as an appraisal management company: \$2,500

B. The fees established in subsection (A) and those specified in A.R.S. § 32-3652 are not refundable unless the provisions of A.R.S. § 41-1077 apply.

~~B-C.~~ A person shall pay fees by cash; or credit or debit card, or by certified check, or cashier's check; or money order payable to the Arizona Board of Appraisal. If a person pays a fee by credit or debit card, the Board shall, as authorized by A.R.S.

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§ 32-3607(C), impose a convenience fee in the amount established under state contract in addition to the amount specified in subsection (A) or A.R.S. § 32-3652.

- ~~C.~~ A person making a public record request shall pay the Board the reasonable cost of reproduction consistent with A.R.S. Title 39, Chapter 1, Article 2. The person shall pay for the Board's cost of reproduction by cash, certified check, cashier's check, or money order.

ARTICLE 2. LICENSING REGISTRATION, LICENSURE, AND CERTIFICATION AS AN APPRAISER

R4-46-201. Appraiser Qualification Criteria

A. Classifications. As specified in A.R.S. § 32-3612, Arizona recognizes five classifications of appraisers. These classifications are:

1. Registered trainee appraiser.
2. State licensed real estate appraiser.
3. State certified residential real estate appraiser.
4. State certified general real estate appraiser, and
5. Designated supervisory appraiser.

~~**A.B.** Qualification criteria. Except as provided in subsections (B), (C), and (D), elsewhere in this Chapter, an applicant for the applicable classification of license or certificate registration, licensure, certification, or designation shall meet that classification's the classification-specific qualification criteria established by the Appraiser Qualifications Board (AOB) AOB in: either *The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria* (Real Property Appraiser Qualification Criteria adopted February 16, 1994, effective January 1, 1998; Includes all Interpretations and Supplementary Information as of January 1, 2002; Appendix I Criteria Revisions effective January 1, 2003) referred to as the "1998 Criteria," or~~

1. ~~*The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria* (Real Property Appraiser Qualification Criteria Effective January 1, 2008; Appendix, Real Property Appraiser Qualification Criteria Prior to January 1, 2008; Includes All Interpretations and Supplementary Information as of February 1, 2007) referred to as the "2008 Criteria," as follows: or~~
2. ~~*The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria* (Real Property Appraiser Qualification Criteria Effective January 1, 2015; Appendix, Real Property Appraiser Qualification Criteria Prior to January 1, 2015; Includes All Interpretations and Supplementary Information) referred to as the "2015 Criteria;"~~
3. ~~The Board incorporates by reference the materials listed in subsections (B)(1) and (2). The incorporated materials include no future editions or amendments. A copy of the incorporated materials is on file with the Board and may be obtained from the Board or the Appraisal Foundation, 1155 15th Street, NW, Suite 1111, Washington, DC 20005; (202) 347-7722; fax (202) 347-7727; or www.appraisalfoundation.org.~~

C. Components of qualification criteria. For each level of classification identified under subsection (A), the qualification criteria referenced in subsection (B)

1. ~~The requirements are divided into three components: education, experience, and examination. An applicant shall meet the criteria in effect at the time the applicant completes a particular component. The education component is further divided:~~
 1. ~~For applicants for registration, licensure, or certification, the education component requires a specified number of hours of the appraiser core curriculum;~~
 2. ~~For applicants for licensure or certification, the education component requires hours of college-level education from an accredited degree-granting institution, and~~
 3. ~~For applicants who are certified by the Board and applying to be designated as a supervisory appraiser and for applicants for registration, the education component requires completion of a course that complies with the specifications for content established by the AOB.~~
2. ~~The Board shall give credit for completion of a component if the applicant meets either the 1998 Criteria or the 2008 Criteria for any component completed prior to January 1, 2008.~~
3. ~~The Board shall give credit for completion of a component only if the applicant meets the 2008 Criteria for any component completed on or after January 1, 2008.~~
4. ~~On and after November 1, 2008, an applicant shall meet the 2008 Criteria for all components, regardless of when the component was completed. Both the 1998 Criteria and the 2008 Criteria are incorporated by reference and are on file with the Board. These incorporated criteria include no future editions or amendments. A copy of the incorporated criteria may be obtained from the Board or The Appraisal Foundation, 1155 15th Street, NW, Suite 1111, Washington, DC 20005; (202) 347-7722; fax (202) 347-7727; or web site www.appraisalfoundation.org.~~

D. Application of qualification criteria.

1. If an applicant is not currently registered, licensed, certified, or designated by the Board, the applicant shall meet the qualification criteria for the classification for which application is made:
 - a. Through December 31, 2014, the qualification criteria for licensure or certification are those listed in subsection (B)(1);

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b. Through December 31, 2014, the qualification criteria for registration as a trainee appraiser are the 75 hours of appraiser core curriculum required under R4-46-201(B)(1) for licensure including the 15-hour National USPAP Course or its ABQ-approved equivalent; and

c. On and after January 1, 2015, the qualification criteria for all classifications are those listed in subsection (B)(2).

2. If an individual currently registered, licensed, or certified by the Board makes application to be licensed or certified in a different classification, as specified under subsection (A), the Board shall require the individual to show evidence that the individual meets the education, experience, and examination requirements for the new classification that differ from the requirements for the current classification.

~~B.E.~~ Regardless of whether a transaction is federally related:

1. A ~~State Licensed Residential Appraiser~~ state licensed residential appraiser is limited to the scope of practice in A.R.S. § 32-3612(A)(3), and

2. A ~~State Certified Residential Appraiser~~ state certified residential appraiser is limited to the scope of practice in A.R.S. § 32-3612(A)(2).

~~C.F.~~ Notwithstanding the criteria incorporated by reference in subsection ~~(A)~~ (B),

1. An applicant shall not obtain more than 75% percent of required core-curriculum qualifying education through distance education. The Board shall allow credit toward qualifying education requirements only if distance education provides live interaction between learner and instructor and includes testing;

2. An applicant shall not obtain the 15-hour National USPAP Course, or its ABQ-approved equivalent, ~~approved through the AQB Course Approval Program,~~ through distance education;

3. Qualifying education credit may be obtained at any time before the date of application, except:

a. ~~the~~ The 15-hour National USPAP Course or its AQB-approved equivalent shall be obtained within two years preceeding before the date of application; and

b. On and after January 1, 2015, an applicant for original registration as an appraiser trainee shall obtain all qualifying education within five years before the date of application; and

4. Seventy-five percent of the applicant's quantitative experience requirements component shall include work product where the applicant inspected the subject property.

~~D.~~ Notwithstanding the criteria incorporated by reference in subsection (A), there is no Trainee Real Property Appraiser Classification:

1. ~~A supervising appraiser shall instruct and directly supervise a trainee for any classification of license or certificate in the entire preparation of each appraisal. A supervising appraiser shall provide direct supervision, being personally and physically present during the entire inspection of each appraised property with the trainee. The supervising appraiser shall approve and sign all final appraisal documents, certifying the appraisals are in compliance with the Uniform Standards of Professional Appraisal Practice.~~

2. ~~A trainee may have more than one supervising appraiser, but a supervising appraiser shall not supervise more than three trainees at any one time. A trainee shall maintain an appraisal log for each supervising appraiser and, at a minimum, include the following in the log for each appraisal:~~

a. ~~Type of property,~~

b. ~~Date of report,~~

e. ~~Property description,~~

d. ~~Description of work performed by the trainee and scope of review and supervision by the supervising appraiser,~~

e. ~~Number of actual work hours by the trainee on the assignment, and~~

f. ~~The signature and state certificate number of the supervising appraiser.~~

3. ~~A supervising appraiser shall provide to the Board in writing the name and address of each trainee within 10 days of engagement, and notify the Board in writing immediately upon termination of the engagement. A state-certified appraiser is not eligible to be a supervising appraiser unless the appraiser's certificate is in good standing and the appraiser has not been subject to license or certificate suspension, probation, or mentorship within the last two years.~~

4. ~~An appraiser who wishes to act as a supervising appraiser shall submit proof of completion of a minimum of four hours of continuing education approved by the Board, regarding the role of a supervising appraiser, before supervision begins. The required course shall not be taken through distance education.~~

5. ~~Each supervising appraiser shall submit to the Board proof of completion of a minimum of four hours of continuing education approved by the Board regarding the role of a supervising appraiser within 60 days of the effective date of this subsection. The required course shall not be taken through distance education. If the supervising appraiser does not take the course within 60 days of the effective date of this subsection, the supervising appraiser shall not act as a supervising appraiser until the class is taken and proof has been submitted to the Board.~~

6. ~~In the event that an appraiser or a supervising appraiser does not comply with the applicable requirements of subsection (D):~~

a. ~~The appraiser or the supervising appraiser may be subject to disciplinary action pursuant to A.R.S. § 32-3631(A)(8), and~~

b. ~~A trainee shall not receive experience credit for hours logged during the period that the appraiser or supervising~~

Notices of Exempt Rulemaking

~~appraiser failed to comply with the applicable requirements of subsection (D).~~

R4-46-201.01. Application for Designation as a Supervisory Appraiser; Supervision of a Registered Trainee Appraiser

A. On and after January 1, 2015, an individual who wishes to act as a supervisory appraiser for a registered trainee appraiser shall:

1. Apply for and obtain designation from the Board as a supervisory appraiser before providing supervision to a registered trainee appraiser;
2. Have been state certified for at least three years; and
3. Apply for designation under A.R.S. § 32-3614.02.

B. To apply for designation as a supervisory appraiser on and after January 1, 2015, a certified appraiser shall submit to the Board:

1. An application for designation, which is available from the Board office and on its web site;
2. A statement whether the applicant for designation has been disciplined in any jurisdiction in the last three years in a manner that affects the applicant's eligibility to engage in appraisal practice and if so, the name of the jurisdiction, date of the discipline, circumstances leading to the discipline, and date when the discipline was completed;
3. Evidence that the applicant for designation completed a training course that complies with the course content established by the AQB and is specifically oriented to the requirements and responsibilities of supervisory and trainee appraisers;
4. A signed affirmation that the applicant for designation will comply with the USPAP competency rule for the property type and geographic location in which the supervision will be provided;
5. Fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant for designation shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints; and
6. The amount charged by the Department of Public Safety for processing fingerprints.

C. Supervision requirements.

1. A registered trainee appraiser may have more than one designated supervisory appraiser.
2. A designated supervisory appraiser shall not supervise more than three registered trainee appraisers at any one time.
3. A registered trainee appraiser shall maintain a separate appraisal log for each designated supervisory appraiser and, at a minimum, include the following in each log for each appraisal:
 - a. Type of property.
 - b. Date of report.
 - c. Address of appraised property.
 - d. Description of work performed by the registered trainee appraiser.
 - e. Scope of review and supervision provided by the designated supervisory appraiser.
 - f. Number of actual work hours worked by the registered trainee appraiser on the assignment, and
 - g. Signature and state certificate number of the designated supervisory appraiser.
4. A designated supervisory appraiser shall provide to the Board in writing the name and address of each registered trainee appraiser within 10 days of engagement, and notify the Board in writing immediately when the engagement ends.
5. If a registered trainee appraiser or designated supervisory appraiser fails to comply with the applicable requirements of this Section:
 - a. The registered trainee appraiser or the designated supervisory appraiser may be subject to disciplinary action under A.R.S. § 32-3631(A)(8), and
 - b. The registered trainee appraiser shall not receive experience credit for hours logged during the period that the registered trainee appraiser or designated supervisory appraiser failed to comply with the applicable requirements of this Section.

D. Through December 31, 2014, to act as a supervising appraiser of a trainee appraiser, a certified appraiser whose certificate is in good standing and who has not been disciplined in a manner that affects the certified appraiser's eligibility to engage in appraisal practice in the last three years may apply for designation under subsection (B) or shall:

1. Submit to the Board proof that the certified appraiser completed at least four hours of Board-approved continuing education regarding the role of a supervising appraiser;
2. Comply with subsection (C);
3. Instruct and directly supervise the trainee appraiser; and
4. Review and sign all final appraisal documents certifying the appraisals comply with USPAP.

R4-46-202. Application for ~~License or Certificate~~ Original Registration, Licensure, or Certification

A. An applicant for a state certificate or license ~~an original registration, licensure, or certification~~ shall submit:

1. ⊖ A completed application form, which is available from the Board office and on its web site. There is an application form specific to each classification listed in R4-46-201(A). An applicant shall ensure that the applicant completes the correct application form;

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- ~~2. Evidence of being qualified under A.R.S. Title 32, Chapter 36, Article 2, and this Chapter;~~
 - ~~3. Documentation of citizenship or alien status, specified under A.R.S. § 41-1080(A), indicating the individual's presence in the U.S. is authorized under federal law, and~~
 - ~~4. Fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints.~~
~~accompanied by the required application fee. Once the application has been filed, fees are nonrefundable, unless A.R.S. § 41-1077 is applicable.~~
- B.** To be eligible for a ~~license or certificate~~ an original registration, licensure, or certification, an applicant shall:
1. Meet the education and experience qualification criteria contained in A.R.S. Title 32, Chapter 36, Article 2 and ~~these rules~~ this Chapter;
 2. Achieve a passing score on the applicable examination required by R4-46-204(B), unless exempted under A.R.S. § 32-3626 ~~or the application is for registration as a trainee appraiser~~;
 3. Pay ~~all required~~ the application, and examination, and biennial national registry fees specified in R4-46-106;
 4. Pass a criminal background check; and
 - ~~4.5. Pay the biennial national registry fee~~ Pay the charge established by the Department of Public Safety for processing fingerprints.
- C.** ~~In addition to the requirements listed in subsection (B), an applicant for licensure shall demonstrate 2,000 hours of experience earned in not less than 18 months. Additionally, on and after January 1, 2015, an applicant for original registration as a trainee appraiser shall submit:~~
1. Evidence that the applicant completed a training course that complies with the course content established by the AQB and is specifically oriented to the requirements and responsibilities of supervisory and trainee appraisers; and
 2. A signed affirmation that the applicant knows and will comply with the USPAP competency rule for the property type that will be appraised.
- D.** An applicant shall meet all requirements for a ~~license or certificate~~ registration, licensure, or certification within one year ~~of after~~ filing the application or the Board shall close the applicant's file will be closed, and If the an applicant whose file is closed wishes to be considered further for registration, licensure, or certification, the applicant shall reapply, meeting the requirements of R4-46-202(B) under this Section. The Board shall notify an applicant whose application ~~has been~~ is closed by certified mail or personal service at the applicant's ~~last known~~ address of record. Notice is complete ~~upon deposit when deposited~~ in the U.S. mail or by service as permitted under the Arizona Rules of Civil Procedure.

R4-46-202.01. Application for Licensure or Certification by Reciprocity

The Board shall license or certify an individual by reciprocity in the same classification, as specified in R4-46-201(A), in which the individual is currently licensed or certified if the individual:

1. Is licensed or certified in a state that meets the standards established at A.R.S. § 32-3618;
2. Submits the application form required by the Board. The application form may be obtained from the Board office or on its web site;
3. Submits documentation of citizenship or alien status, specified under A.R.S. § 41-1080(A), indicating the individual's presence in the U.S. is authorized under federal law;
4. Has the state in which the individual is currently licensed or certified send a verification of credential directly to the Board that provides the following information:
 - a. License or certification number;
 - b. Classification, as specified in R4-46-201(A), in which the individual is currently licensed or certified;
 - c. Statement of whether the license or certificate is in good standing; and
 - d. Statement of whether disciplinary proceedings are pending against the individual;
5. Submits fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints; and
6. Submits the application and biennial national registry fees specified in R4-46-106 and pays the charge established by the Department of Public Safety for processing fingerprints.

R4-46-203. Procedures for Processing Applications Application for Non-resident Temporary Licensure or Certification

- A.** To comply with A.R.S. Title 41, Chapter 6, Article 7.1, the Board establishes the following time frames for processing license and certificate applications, including renewal applications:
1. ~~The Board shall notify the applicant within 45 days of receipt of the application that it is either administratively complete or incomplete. If the application is incomplete, the notice shall specify what information is missing.~~
 2. ~~The Board shall not substantively review an application until the applicant has fully complied with the requirements of R4-46-202(A). The Board shall render a final decision not later than 45 days after the applicant successfully completes all requirements of R4-46-202(A).~~

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3. ~~Although the applicant may have up to one year to comply with requirements of R4-46-202, the overall time frame for Board action is 90 days, 45 days for administrative completeness review and 45 days for substantive review.~~
- B.** ~~If the Board denies a license, the Board shall send the applicant written notice explaining:~~
 1. ~~The reason for denial, with citations to supporting statutes or rules;~~
 2. ~~The applicant's right to seek a hearing to challenge the denial; and~~
 3. ~~The time periods for appealing the denial.~~
- A.** To be eligible to obtain a non-resident temporary license or certificate, an individual shall:
 1. Be licensed or certified as an appraiser in a state other than Arizona;
 2. Not be licensed or certified as an appraiser in Arizona; and
 3. Have a dated and signed letter from a client that names the individual and indicates the client has engaged the individual to conduct an appraisal in Arizona, identifies the property or properties to be appraised, and specifies a date certain for completion of the assignment that is no more than one year from the date on which the Board issues a non-resident temporary license or certificate.
- B.** To apply for a non-resident temporary license or certificate, an individual who meets the pre-requisites in subsection (A) shall submit:
 1. An application form, which is available from the Board office and on its web site;
 2. An irrevocable consent to service of process;
 3. Documentation of citizenship or alien status, specified under A.R.S. § 41-1080(A), indicating the applicant's presence in the U.S. is authorized under federal law;
 4. Fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints.
 5. The fee required under R4-46-106; and
 6. The charge established by the Department of Public Safety for processing fingerprints.
- C.** The Board shall grant an extension of no more than 120 days to an individual to whom a non-resident temporary license or certificate has been issued if the individual provides written notice to the Board before the date specified in subsection (A)(3) that more time is needed to complete the assignment described in subsection (A)(3).
- D.** An appraiser to whom the Board has previously issued a non-resident temporary license or certificate may, if qualified under subsection (A), apply for another non-resident temporary license or certificate by complying with subsection (B) except, the Board shall not require the applicant to comply again with subsections (B)(4) and (B)(6).
- E.** The Board shall issue no more than 10 non-resident temporary licenses or certificates to an individual in any 12-month period.

R4-46-204. Appraiser Licensure and Certification Examinations

- A.** ~~An applicant for licensure or certification may schedule an examination ~~once~~ after the Board provides written notice to the applicant ~~has completed~~ that the Board has determined the applicant's ~~the~~ experience and education ~~components~~ meet the standards specified in R4-46-201.~~
- B.** ~~An applicant shall successfully complete the Appraiser Qualifications Board endorsed uniform state appraiser AQB-approved examination ~~or its equivalent~~ for the applicable classification approved by the Board for which application is made.~~
- C.** ~~An applicant for a license or certificate licensure or certification who fails to pass ~~an~~ the required examination or fails to appear for a scheduled examination may schedule another examination by ~~filing a new examination application~~ providing written notice to the Board and paying the examination fee specified in R4-46-106.~~

R4-46-205. Issuance of a Registration, License, or Certificate

~~An~~ If the Board determines that an applicant for registration, licensure, or certification who has met the appraiser meets the qualification criteria prescribed in R4-46-202, the Board shall ~~be issued~~ issue a registration, license, or certificate which that entitles the applicant to practice within the appropriate scope specified in A.R.S. § 32-3612 for as an appraiser for the term of the license or certificate specified in A.R.S. § 32-3616.

R4-46-206. Hearing on Denial of a License or Certificate Repealed

~~Any applicant denied a license or certificate by the Board may file a written request for hearing pursuant to A.R.S. § 41-1092.03. Any hearing shall be conducted under the formal hearing procedures prescribed in Article 3 of these rules; A.R.S. Title 41, Chapter 6, Article 10; and 2 A.A.C. 19.~~

R4-46-207. Renewal of a Registration, License, or Certificate; Changing Classification

- A.** ~~An appraiser seeking to renew a registration, license, or certificate in the appraiser's current classification, as specified under R4-46-201(A), shall submit a completed application ~~accompanied by the required renewal application fees pursuant to A.R.S. § 32-3619 and R4-46-106. Once the application has been filed, fees are nonrefundable, unless A.R.S. § 41-1077 is applicable.~~ To be eligible for renewal of a registration, license, or certificate, an applicant shall:~~
 1. ~~Meet the requirements of A.R.S. Title 32, Chapter 36, and these rules this Chapter;~~

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2. Meet the continuing education requirements in *The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria*, which is incorporated by reference in R4-46-201(A) (B), except:
 - a. The Board shall not grant credit hours toward the classroom-hour continuing education requirement unless the length of the educational offering is at least three hours;
 - b. A renewal applicant shall not obtain the seven-hour 7-Hour National USPAP Update Course, or its AQB-approved equivalent, approved through the AQB course approval program, through distance education; and
 - c. A renewal applicant shall not obtain more than 75% percent of required continuing education through distance education; and. The Board shall allow credit toward continuing education requirements only if distance education provides live interaction between learner and instructor and includes testing or another mechanism to demonstrate knowledge of the subject matter.
 - d. Except for the 7-Hour National USPAP Update Course or its AQB-approved equivalent, the Board shall not accept a repeated educational offering for use as continuing education within a renewal period; and
 - e. During each renewal period, the Board shall allow an appraiser to receive a total of 50 percent of the required continuing education hours from the following:
 - i. Teaching a Board-approved course. The Board shall allow the instructor of an approved course the same number of continuing education hours as a participant in the approved course. The Board shall allow continuing education hours during a renewal period for only one teaching of the same Board-approved course;
 - ii. Serving as a volunteer auditor under R4-46-506. The Board shall allow the auditor of an approved course the same number of continuing education hours as a participant in the approved course. The Board shall allow continuing education hours during a renewal period for only one audit of the same Board-approved course; and
 - iii. Attending a regularly scheduled Board meeting. The Board shall allow an appraiser to receive a continuing education hour for each hour of one regularly scheduled Board meeting attended to a maximum of three hours during a renewal period. To receive these continuing education hours, the appraiser shall attend at least two hours of the regularly scheduled Board meeting and ensure that the appraiser's name is not part of an item on the meeting agenda.
 - f. A registered trainee appraiser shall fulfill three hours of the continuing education requirement by attending at least three hours of one Board meeting.
 3. If the documentation submitted under R4-46-202(A)(3) was a limited form of work authorization issued by the federal government, submit evidence that the work authorization has not expired; and
 - 3-4. Pay both the renewal and biennial national registry fees.
- ~~B.~~ The same course cannot be repeated for use as continuing education within a renewal period, with the exception of USPAP.
- ~~C.~~ Appraisers may receive up to 50% of continuing education credit for course instruction of Board approved course(s) per renewal period.
- ~~D.B.~~ If the last day for filing a renewal application falls on a Saturday, Sunday, or legal holiday, ~~an~~ the appraiser may file the renewal form on the next business day.
- ~~E.C.~~ ~~An~~ If an appraiser who fails to seek renewal within the time periods specified in A.R.S. § 32-3619 but wants to continue to engage in real estate appraisal activity, the former appraiser shall reapply and meet the requirements of R4-46-202.
- ~~D.~~ An appraiser who wishes to be licensed or certified in a classification different from the appraiser's current classification shall:
 1. Submit the appropriate application form required under R4-46-202(A);
 2. Make the showing required under R4-46-201(D)(2);
 3. Pay the fees required under R4-46-202(B)(3); and
 4. If not done previously, comply with R4-46-202(A)(4) and (B)(4) and (5).

R4-46-209. Replacement of a Registration, License, or Certificate; Name Change

- ~~A.~~ If an original registration, license, or certificate has been is lost, damaged, or destroyed, or if the name of a licensee or certificate holder has been legally changed, the appraiser may obtain a replacement registration, license, or certificate by filling the applicable form and paying the applicable fee to providing written notice to the Board.
- ~~B.~~ If the name of an appraiser is legally changed, the appraiser shall submit written notice of the change to the Board and attach to the notice documentation showing the circumstances under which the name change occurred. The Board shall issue the appraiser a new registration, license, or certificate with the correct name.

ARTICLE 7. GENERAL PROVISIONS — FEES REPEALED

- ~~R4-46-701. Reserved Repealed~~
- ~~R4-46-702. Reserved Repealed~~
- ~~R4-46-703. Reserved Repealed~~

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R4-46-704. Fee Repealed

The fee to apply for initial registration is \$2,500 regardless of the number of appraisers on the appraiser panel. Upon expiration of the initial registration the fee to apply for a two year renewal registration is \$2,500 regardless of the number of appraisers on the appraiser panel.

NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

Editor's Note: The following Notice of Final Exempt Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 4141.) The Governor's Office authorized the notice to proceed through the rulemaking process on August 16, 2012.

[R13-211]

PREAMBLE

<u>1. Article, Part or Sections Affected (as applicable)</u>	<u>Rulemaking Action</u>
R9-25-101	Amend
R9-25-102	New Section
R9-25-201	Repeal
R9-25-201	Renumber
R9-25-201	Amend
R9-25-202	Renumber
R9-25-202	Amend
R9-25-203	Renumber
R9-25-203	Amend
R9-25-204	Repeal
R9-25-204	Renumber
R9-25-204	Amend
R9-25-205	Repeal
R9-25-205	Renumber
R9-25-205	Amend
R9-25-206	Repeal
R9-25-206	Renumber
R9-25-206	Amend
R9-25-207	Renumber
R9-25-207	Amend
R9-25-208	Renumber
R9-25-209	Renumber
R9-25-210	Renumber
R9-25-211	Renumber
R9-25-301	Amend
R9-25-302	Amend
R9-25-303	Amend
R9-25-304	Amend
R9-25-305	Amend
R9-25-306	Amend
R9-25-307	Amend
R9-25-401	Amend
R9-25-402	Amend
R9-25-403	Repeal
R9-25-403	Renumber
R9-25-403	Amend
R9-25-404	Renumber
R9-25-404	Amend
R9-25-405	Repeal
R9-25-405	Renumber
R9-25-405	Amend
R9-25-406	Renumber

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R9-25-406	Amend
R9-25-407	Renumber
R9-25-407	Amend
R9-25-408	Renumber
R9-25-408	Amend
R9-25-409	Renumber
R9-25-409	Amend
R9-25-410	Renumber
R9-25-411	Renumber
R9-25-501	Amend
R9-25-502	Amend
Table 5.1	Amend
Table 1	Repeal
Table 5.2	New Table
Table 5.3	New Table
Table 5.4	New Table
R9-25-503	Renumber
R9-25-503	Amend
R9-25-504	Amend
R9-25-505	Repeal
R9-25-505	Renumber
R9-25-505	Amend
R9-25-506	Renumber
R9-25-507	Repeal
Exhibit 1	Repeal
Exhibit 2	Repeal
R9-25-508	Repeal
R9-25-510	Repeal
R9-25-511	Repeal
R9-25-513	Repeal
R9-25-701	Amend
R9-25-704	Amend
R9-25-711	Amend
R9-25-715	Amend
Table 8.1	Amend
R9-25-901	Amend
R9-25-902	Amend
Exhibit 9A	Amend
Exhibit 9B	Amend
R9-25-1002	Amend
R9-25-1003	Amend
R9-25-1004	Amend
R9-25-1201	Amend
Table 12.1	Amend

2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific) and the statute or session law authorizing the exemption:

Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A)(4), and 36-2209(A)(2)

Implementing statutes: A.R.S. §§ 36-2201, 36-2202(A), (B), and (H), 36-2204(1), (4), and (6), 36-2205, 36-2212 through 36-2215, 36-2232, and 36-2239

Statute or session law authorizing the exemption: Laws 2012, Ch. 94, § 29

3. The effective date of the rule and the agency's reason it selected the effective date:

December 1, 2013

The Department believes that the amended rules will provide the regulated community and the public with a significant benefit.

4. A list of all notices published in the Register as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:

Notice of Public Information: 19 A.A.R. 2861, September 20, 2013

5. The agency's contact person who can answer questions about the rulemaking:

Name: Terry Mullins, Bureau Chief

Address: Department of Health Services
Bureau of Emergency Medical Services and Trauma System

Notices of Exempt Rulemaking

150 N. 18th Ave., Suite 540
Phoenix, AZ 85007-3248

Telephone: (602) 364-3150
Fax: (602) 364-3568
E-mail: Terry.Mullins@azdhs.gov

or

Name: Robert Lane, Acting Manager
Address: Department of Health Services
Office of Administrative Counsel and Rules
1740 W. Adams St., Suite 203
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

Email: Robert.Lane@azdhs.gov

6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:

Arizona Revised Statutes (A.R.S.) Title 36, Chapter 21.1, governs emergency medical services. The Department uses the authority granted by these statutes to make the rules in Arizona Administrative Code (A.A.C.) Title 9, Chapter 25. Laws 2012, Ch. 94 makes many changes to A.R.S. Title 36, Chapter 21.1, which require the Department to amend 9 A.A.C. 25. To facilitate these changes, Laws 2012, Ch. 94, § 29, gives the Department exempt rulemaking authority until December 31, 2013, to implement the changes. Due to the extent of changes that need to be made, the Department is conducting this exempt rulemaking in phases.

In Phase 1 of this rulemaking, the Department focused on making changes that would most affect individuals who are currently certified by the Department and their employers. The Department established in rule: the scope of practice, training requirements, and recertification requirements for each level of emergency medical care technician, in 19 A.A.R. 282. In this phase of the rulemaking, all other changes required by Laws 2012, Ch. 94 are being made, along with other changes to clarify, simplify, and update the rules. The Department is amending Articles 1, 2, 3, 4, 5, and 12; selected rules in Articles 7, 8, 9, and 10; and affected portions of the Ambulance Revenue and Cost Reports in Exhibits A and B. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking. All changes conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact, if applicable:

Not applicable

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):

Not applicable

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

A general permit is not applicable under A.R.S. § 41-1037(A)(2). The Department certifies ALS base hospitals that meet certain criteria under A.R.S. § 36-2204. The Department certifies individual training programs that meet certain criteria under A.R.S. §§ 36-2202(A) and 36-2204 to ensure that prospective EMCTs are prepared to meet certification and recertification standards. The Department certifies and re-certifies individuals who meet

Notices of Exempt Rulemaking

certain criteria as EMCTs under A.R.S. §§ 36-2202(A) and (B) and 36-2204. The Department certifies and re-certifies air ambulances under A.R.S. §§ 36-2202(A) and 36-2212 through 36-2215. The Department certifies and re-certifies ground ambulances under A.R.S. §§ 36-2202(A), 36-2232, and 36-2239.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:

Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

Not applicable

13. A list of any incorporated by reference material and its location in the rules:

None

14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:

The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

ARTICLE 1. DEFINITIONS

Section

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

R9-25-102. Individuals to Act for a Person Regulated Under This Chapter (Authorized by A.R.S. § 36-36-2202)

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

Section

R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))

~~R9-25-202. R9-25-201. General Requirements for Provision of Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E) (D))~~

~~R9-25-203. R9-25-202. General Requirements for Provision of On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E) (D))~~

R9-25-204. Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); 36-2204.01; 36-2208(A); and 36-2209(A)(2))

~~R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)~~

~~R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)~~

~~R9-25-207. R9-25-203. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))~~

~~R9-25-208. R9-25-204. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))~~

~~R9-25-209. R9-25-205. Amendment of Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))~~

~~R9-25-210. R9-25-206. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))~~

~~R9-25-211. R9-25-207. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))~~

R9-25-208. Renumbered

R9-25-209. Renumbered

R9-25-210. Renumbered

R9-25-211. Renumbered

ARTICLE 3. TRAINING PROGRAMS

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- R9-25-301. Definitions; Application for Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))
- R9-25-302. Administration (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))
- R9-25-303. Changes Affecting a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))
- R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1), (2), and (3))
- R9-25-305. Supplemental Requirements for Specific Courses (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))
- R9-25-306. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))
- R9-25-307. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

ARTICLE 4. ~~EMT~~ EMCT CERTIFICATION

Section

- R9-25-401. ~~EMT~~ EMCT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (6), and (7))
- R9-25-402. ~~EMT~~ EMCT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), ~~36-2202(G)~~, and (G) and 36-2204(1), (6), and (7))
- R9-25-403. ~~EMT Probationary Certification~~ (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), ~~36-2202(G)~~, and 36-2204(1), (6), and (7))
- R9-25-404. ~~R9-25-403~~. Application Requirements for ~~EMT~~ EMCT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))
- R9-25-405. ~~Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification~~ (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), ~~36-2202(G)~~, and 36-2204(1), (6), and (7))
- R9-25-406. ~~R9-25-404~~. Application Requirements for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), (B), and (H) and 36-2204(1), (4), and (6))
- R9-25-407. ~~R9-25-405~~. Extension to File an Application for ~~EMT~~ EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (6), ~~36-2202(G)~~, (A)(6), and (G) and 36-2204(1), (4), (5), and (7))
- R9-25-408. ~~R9-25-406~~. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))
- R9-25-409. ~~R9-25-407~~. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3) and (A)(4), 36-2204(1) and (6), and 36-2211)
- R9-25-410. ~~R9-25-408~~. ~~EMT Standards of Practice~~ Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), ~~36-2202(G)~~, and (G), 36-2204(1), (6), and (7), ~~36-2205~~, and 36-2211)
- R9-25-411. ~~R9-25-409~~. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), ~~36-2202(G)~~ and (G), 36-2204(1), (6), and (7), and 36-2211)
- R9-25-410. Renumbered
- R9-25-411. Renumbered

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

- R9-25-501. ~~Protocol for Administration of a Tuberculin Skin Test by an EMT-I(99) or EMT-P~~ Definitions
- R9-25-502. Scope of Practice for EMCTs
- Table 5.1. Arizona Scope of Practice Skills
- Table 1. ~~Authorization for Administration, Monitoring, and Assistance in Patient Self-administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents~~ Repealed
- Table 5.2. Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents
- Table 5.3. Agents Eligible for Authorization for Administration During a Hazardous Material Incident
- Table 5.4. Eligibility for Authorization to Administer and Monitor Transport Agents During Interfacility Transports, by EMCT Classification; Administration Requirements
- R9-25-506. ~~R9-25-503~~. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an ~~EMT~~ EMCT
- R9-25-504. Protocol for Selection of a Health Care Institution for ~~Emergency Medical Patient~~ Transport

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- ~~R9-25-505. Protocol for IV Access by an EMT-B~~
~~R9-25-503. R9-25-505. Protocol for an EMT EMT-I(99) or a Paramedic to Become Eligible to Administer, Monitor, or Assist in Patient Self-Administration of an Agent an Immunizing Agent~~
R9-25-506. Renumbered
R9-25-507. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident Repealed
Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics Repealed
Exhibit 2. Course Outline Repealed
R9-25-508. Protocol for an EMT-B to Perform Endotracheal Intubation Repealed
R9-25-510. Protocol for EMT-B Carrying and Administration of Aspirin (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209) Repealed
R9-25-511. Protocol for EMT-B Use of an Esophageal Tracheal Double Lumen Airway Device (ETDLAD) (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209) Repealed
R9-25-513. Supplemental Skill Training Instructor Requirements Repealed

ARTICLE 7. AIR AMBULANCE SERVICE LICENSING

Section

- R9-25-701. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)
R9-25-704. Initial Application and Licensing Process (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)
R9-25-711. Minimum Standards for Mission Staffing (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
R9-25-715. Minimum Standards for Medical Control (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

ARTICLE 8. AIR AMBULANCE REGISTRATION

Section

- Table ~~4-8.1.~~ Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (Authorized by A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

Section

- R9-25-901. Definitions (Authorized by A.R.S. § 36-2202 (A))
R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)
Exhibit ~~A-9A.~~ Ambulance Revenue and Cost Report, General Information and Certification
Exhibit ~~B-9B.~~ Ambulance Revenue and Cost Report, Fire District and Small Rural Company

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

Section

- R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))
R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))
R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (Authorized by A.R.S. §§ 36-2201(4), 36-2202(A)(5))

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

Section

- R9-25-1201. Time-frames (Authorized by A.R.S. §§ 41-1072 through 41-1079)
Table ~~4-12.1.~~ Time-frames (in days)

ARTICLE 1. DEFINITIONS

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

~~The~~ In addition to the definitions in A.R.S. § 36-2201, the following definitions apply in this Chapter, unless otherwise specified:

1. “Administer” or “administration” means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
2. “Administrative medical direction” ~~has the same meaning as in A.R.S. § 36-2201.~~
3. “Administrative medical director” ~~means an individual qualified under R9-25-204 who provides administrative medical direction as required under R9-25-204.~~

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4. ~~“Advanced procedure” means an emergency medical service provided by an EMT that:~~
 - a. ~~Requires skill or training beyond the basic skills or training prescribed in the Arizona EMT-B course as defined in R9-25-305; or~~
 - b. ~~Is designated in A.R.S. Title 36, Chapter 21.1 or this Chapter as requiring medical direction.~~
2. “AEMT” has the same meaning as “advanced emergency medical technician” in A.R.S. § 36-2201.
- ~~5-3.~~ “Agent” means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
4. “ALS” has the same meaning as “advanced life support” in A.R.S. § 36-2201.
- ~~6-5.~~ “ALS base hospital” has the same meaning as “advanced life support base hospital” in A.R.S. § 36-2201.
7. ~~“Ambulance service” has the same meaning as in A.R.S. § 36-2201.~~
6. “Applicant” means a person requesting certification, licensure, approval, or designation from the Department under this Chapter.
8. ~~“Centralized medical direction communications center” has the same meaning as in A.R.S. § 36-2201.~~
7. “Chain of custody” means the transfer of physical control of and accountability for an item from one individual to another individual, documented to indicate the:
 - a. Date and time of the transfer.
 - b. Integrity of the item transferred, and
 - c. Signatures of the individual relinquishing and the individual accepting physical control of and accountability for the item.
- ~~9-8.~~ “Chief administrative officer” means:
 - a. For a hospital, the same as in A.A.C. R9-10-101; and
 - b. For a training program, an individual assigned to act on behalf of an ALS base hospital or a the training program certified under Article 3 of this Chapter by the body organized to govern and manage the ALS base hospital or the training program.
- ~~10-9.~~ “Clinical training” means to provide an individual with experience and instruction in providing direct patient care in a health care institution.
11. “Communication protocol” means a written guideline prescribing:
 - a. ~~How an EMT shall:~~
 - i. ~~Request and receive on-line medical direction;~~
 - ii. ~~Notify an on-line physician before arrival of an EMT’s intent to transport a patient to a health care institution; and~~
 - iii. ~~Notify a health care institution before arrival of an EMT’s intent to transport a patient to the health care institution; and~~
 - b. ~~What procedures an EMT shall follow in a communications equipment failure.~~
- ~~12.~~ “Conspicuously post” means to make visible to patients and other individuals by displaying on an object, such as a wall or bulletin board.
- ~~13-10.~~ “Controlled substance” has the same meaning as in A.R.S. § 32-1901.
11. “Course” means didactic instruction and, if applicable, hands-on practical skills training, clinical training, or field training provided by a training program to prepare an individual to become or remain an EMCT.
14. “Course content outline” means a sequential listing of subject matter, objectives, skills, and competencies to be taught or tested.
12. “Course session” means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
13. “Current” means up-to-date and extending to the present time.
15. “Custody” means physical control and may include constructive physical control, such as where a supply of agents is stored in a receptacle that is locked and sealed with an individually identifiable tamper-proof seal that would be broken if the receptacle were opened.
16. “Dangerous drug” has the same meaning as in A.R.S. § 13-3401.
- ~~17-14.~~ “Day” means a calendar day.
18. ~~“Department” means the Arizona Department of Health Services.~~
- ~~19-15.~~ “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
- ~~20-16.~~ “Drug” has the same meaning as in A.R.S. § 32-1901.
21. “Drug distributor” means a person with a current and valid pharmacy permit or wholesaler permit, issued by the Arizona State Board of Pharmacy, that allows the person to distribute drugs in Arizona.
- ~~22-17.~~ “Electronic signature” has the same meaning as in A.R.S. § 41-354 44-7002.
18. “EMCT” has the same meaning as “emergency medical care technician” in A.R.S. § 36-2201.
23. “Emergency medical services” has the same meaning as in A.R.S. § 36-2201.
24. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.

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- ~~25-19.~~ “EMT” has the same meaning as “certified emergency medical technician” in A.R.S. § 36-2201.
- ~~26.~~ “EMT-B” has the same meaning as “basic emergency medical technician” in A.R.S. § 36-2201.
- ~~27.~~ “EMT-I” has the same meaning as “intermediate emergency medical technician” in A.R.S. § 36-2201.
- ~~28.~~ “EMT-I(85)” means an individual certified as an EMT-I who does not hold current NREMT Intermediate registration, as defined in this Section, and who has not completed the Arizona EMT-I course, as defined in R9-25-307, or the Arizona EMT Intermediate transition course, as defined in R9-25-301.
- ~~29.~~ “EMT-I(99)” means an individual, certified as an EMT-I who has completed:
- ~~a.~~ The Arizona EMT-I course, as defined in R9-25-307; or
 - ~~b.~~ The Arizona EMT Intermediate transition course, as defined in R9-25-301.
- ~~20.~~ “EMT-I(99)” means an individual, other than a Paramedic, who:
- ~~a.~~ Was certified as an EMCT by the Department before January 28, 2013 to perform ALS, and
 - ~~b.~~ Has continuously maintained the certification.
- ~~30.~~ “EMT-P” has the same meaning as “emergency paramedic” in A.R.S. § 36-2201.
- ~~21.~~ “EMS” has the same meaning as “emergency medical services” subsections (17)(a) through (d) in A.R.S. § 36-2201.
- ~~31.~~ “FDA” means U.S. Food and Drug Administration.
- ~~32-22.~~ “Field training” means to provide an individual with emergency medical services experience and training outside of a health care institution or a training program facility.
- ~~33-23.~~ “General hospital” has the same meaning as in ~~R9-10-201~~ A.A.C. R9-10-101.
- ~~34.~~ “Health care decision maker” has the same meaning as in A.R.S. § 12-2291.
- ~~35-24.~~ “Health care institution” has the same meaning as in A.R.S. § 36-401.
- ~~25.~~ “Hospital” has the same meaning as in A.A.C. R9-10-101.
- ~~36-26.~~ “In use” means in the immediate physical possession of an ~~EMT~~ EMCT and readily accessible for potential imminent administration to a patient.
- ~~37.~~ “Incapacitated adult” means an individual older than 18 years of age for whom a guardian, as defined in A.R.S. § 14-1201, has been appointed.
- ~~38-27.~~ “Infusion pump” means an ~~FDA-approved~~ a device approved by the U.S. Food and Drug Administration that, when operated mechanically, electrically, or osmotically, that releases a measured amount of an agent into a patient’s circulatory system in a specific period of time.
- ~~39-28.~~ “Interfacility transport” means an ambulance transport of a patient from one health care institution to another health care institution.
- ~~40.~~ “Intermediate emergency medical technician level” means completion of training that meets or exceeds the training provided in the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
- ~~41-29.~~ “IV” means intravenous.
- ~~42-30.~~ “Locked” means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
- ~~43-31.~~ “Medical direction” means administrative medical direction or on-line medical direction.
- ~~44-32.~~ “Medical record” has the same meaning as in A.R.S. § 36-2201.
- ~~45-33.~~ “Minor” means an individual younger than 18 years of age who is not emancipated.
- ~~46-34.~~ “Monitor” means to observe the administration rate of an agent and the ~~patient~~ patient’s response to the agent and may include discontinuing administration of the agent.
- ~~47.~~ “Narcotic drug” has the same meaning as “narcotic drugs” in A.R.S. § 13-3401.
- ~~48.~~ “NREMT” means the National Registry of Emergency Medical Technicians.
- ~~49.~~ “NREMT Intermediate registration” means ~~EMT Intermediate/99 registration granted by NREMT.~~
- ~~50-35.~~ “On-line medical direction” means emergency medical services guidance or information provided to an ~~EMT~~ EMCT by an ~~on-line~~ a physician through two-way voice communication.
- ~~51.~~ “On-line physician” means an individual qualified under ~~R9-25-205~~ who provides ~~on-line medical direction as required under R9-25-205.~~
- ~~52-36.~~ “Patient” means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
- ~~37.~~ “Pediatric” means pertaining to a child.
- ~~53-38.~~ “Person” ~~means~~ has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
- ~~a.~~ An individual;
 - ~~b.~~ A business organization such as an association, cooperative, corporation, limited liability company, or partnership; or
 - ~~e.~~ An administrative unit of the U.S. government, state government, or a political subdivision of the state.
- ~~54.~~ “Physician” has the same meaning as in A.R.S. § 36-2201.
- ~~55-39.~~ “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~56-40.~~ “Practical nurse” has the same meaning as in A.R.S. § 32-1601.

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- 57-41. "Practicing emergency medicine" means acting as an emergency medicine physician in a hospital emergency department.
- 58-42. "Prehospital incident history report" has the same meaning as in A.R.S. § 36-2220.
59. "Proficiency in advanced emergency cardiac life support" means:
- a. ~~Completion of 16 clock hours of organized training covering:~~
 - i. ~~Electrocardiographic rhythm interpretation;~~
 - ii. ~~Oral, tracheal, and nasal airway management;~~
 - iii. ~~Nasotracheal intubation and surgical cricothyrotomy;~~
 - iv. ~~Peripheral and central intravenous lines; and~~
 - v. ~~Pharmacologic, mechanical, and electrical arrhythmia interventions; and~~
 - b. ~~Every 24 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).~~
60. "Proficiency in advanced trauma life support" means:
- a. ~~Completion of 16 clock hours of organized training covering:~~
 - i. ~~Rapid and accurate patient assessment;~~
 - ii. ~~Patient resuscitation and stabilization;~~
 - iii. ~~Patient transport or transfer, and~~
 - iv. ~~Patient treatment and care; and~~
 - b. ~~Every 48 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).~~
61. "Proficiency in cardiopulmonary resuscitation" means:
- a. ~~Completion of eight clock hours of organized training covering:~~
 - i. ~~Adult and pediatric resuscitation;~~
 - ii. ~~Rescuer scenarios and use of a bag-valve mask;~~
 - iii. ~~Adult and child foreign body airway obstruction in conscious and unconscious patients;~~
 - iv. ~~Automated external defibrillation;~~
 - v. ~~Special resuscitation situations, and~~
 - vi. ~~Common cardiopulmonary emergencies; and~~
 - b. ~~Every 24 months after meeting the requirement in subsection (a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (a).~~
62. "Proficiency in pediatric emergency care" means:
- a. ~~Completion of 16 clock hours of organized training covering:~~
 - i. ~~Pediatric rhythm interpretation;~~
 - ii. ~~Oral, tracheal, and nasal airway management;~~
 - iii. ~~Nasotracheal intubation and surgical cricothyrotomy;~~
 - iv. ~~Peripheral and central intravenous lines;~~
 - v. ~~Intraosseous infusion;~~
 - vi. ~~Needle thoracostomy; and~~
 - vii. ~~Pharmacologic, mechanical, and electrical arrhythmia interventions; and~~
 - b. ~~Every 24 months after meeting the requirement in subsection (40)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (40)(a).~~
43. "Refresher challenge examination" means a test given to an individual to assess the individual's knowledge, skills, and competencies compared with the national education standards established for the applicable EMCT classification level.
44. "Refresher course" means a course intended to reinforce and update the knowledge, skills, and competencies of an individual who has previously met the national educational standards for a specific level of EMS personnel.
- 63-45. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
- 64-46. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
47. "Scene" means the location of the patient to be transported or the closest point to the patient at which an ambulance can arrive.
65. "Session" means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
48. "Special hospital" has the same meaning as in A.A.C. R9-10-101.
66. "Standing order" means a treatment protocol or triage protocol that authorizes an EMT to act without on-line medical direction.
49. "STR skill" means "Specialty Training Requirement skill," a medical treatment, procedure, or technique or administration of a medication for which an EMCT needs specific training beyond the training required in 9 A.A.C. 25, Article 4 in order to perform or administer.
67. "Substantially constructed cabinet" means a hard-shelled container that is difficult to breach without the use of a

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- power cutting tool.
- 68. ~~“Supervise” or “supervision” has the same meaning as “supervision” in A.R.S. § 36-401.~~
- 50. ~~“Transfer of care” means to relinquish to the control of another person the ongoing medical treatment of a patient.~~
- 69-51. ~~“Transport agent” means an agent that an EMT EMCT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent’s ~~IV~~ administration was started at the sending health care institution.~~
- 70. ~~“Treatment protocol” means a written guideline that prescribes:~~
 - a. ~~How an EMT shall perform a medical treatment on a patient or administer an agent to a patient; and~~
 - b. ~~When on-line medical direction is required, if the protocol is not a standing order.~~
- 71. ~~“Triage protocol” means a written guideline that prescribes:~~
 - a. ~~How an EMT shall:~~
 - i. ~~Assess and prioritize the medical condition of a patient;~~
 - ii. ~~Select a health care institution to which a patient may be transported; and~~
 - iii. ~~Transport a patient to a health care institution; and~~
 - b. ~~When on-line medical direction is required, if the protocol is not a standing order.~~
- 72. ~~“Unauthorized individual” means an individual who is not:~~
 - a. ~~A certified EMT obtaining access to an agent to provide emergency medical services within the EMT’s scope of practice;~~
 - b. ~~A licensed health care provider obtaining access to an agent to provide emergency medical services within the scope of practice of the health care provider’s license; or~~
 - e. ~~An individual working for an emergency medical services provider whose job duties result in the individual’s having access to an agent.~~

R9-25-102. Individuals to Act for a Person Regulated Under This Chapter (Authorized by A.R.S. § 36-2202)

When a person regulated under this Chapter is required by this Chapter to provide information on or sign an application form or other document, the following individual shall satisfy the requirement on behalf of the person regulated under this Chapter:

1. If the person regulated under this Chapter is an individual, the individual; or
2. If the person regulated under this Chapter is a business organization, political subdivision, government agency, or tribal government, the individual who the business organization, political subdivision, government agency, or tribal government has designated to act on behalf of the business organization, political subdivision, government agency, or tribal government and who:
 - a. Is a U.S. citizen or legal resident, and
 - b. Has an Arizona address.

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))

- ~~A. An EMT-B to perform an advanced procedure shall not perform an advanced procedure unless the EMT has administrative medical direction and is able to receive on-line medical direction.~~
- ~~B. An EMT-I or EMT-P shall not act as an EMT-I or EMT-P unless the EMT has administrative medical direction and is able to receive on-line medical direction.~~
- ~~C. An emergency medical services provider or an ambulance service shall ensure that an EMT acting as an EMT for the emergency medical services provider or the ambulance service has administrative medical direction and is able to receive on-line medical direction, if required in subsections (A) or (B).~~

R9-25-202. R9-25-201, General Requirements for Provision of Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and ~~(E)~~ (D))

An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides administrative medical direction shall:

1. Provide administrative medical direction:
 - a. Through an administrative medical director qualified under R9-25-204, and
 - b. As required in R9-25-204;
2. Maintain for Department review:
 - a. The name, address, and telephone number of each administrative medical director;
 - b. Documentation that an administrative medical director is qualified under R9-25-204; and
 - e. Policies, procedures, protocols, and documentation required under R9-25-204;
3. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT:
 - a. Withdraws the EMT’s administrative medical direction, or

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- b. ~~Reinstates the EMT's administrative medical direction; and~~
- 4. ~~Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT becomes aware that the EMT:~~
 - a. ~~Is incarcerated or is on parole, supervised release, or probation for a criminal conviction;~~
 - b. ~~Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;~~
 - e. ~~Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;~~
 - d. ~~Has registration revoked or suspended by NREMT; or~~
 - e. ~~Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.~~
- A.** An emergency medical services provider or ambulance service shall:
 - 1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
 - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:
 - i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:
 - (1) Airway management during respiratory arrest;
 - (2) Recognition of tachycardia, bradycardia, pulseless ventricular tachycardia, ventricular fibrillation, pulseless electrical activity, and asystole;
 - (3) Pharmacologic, mechanical, and electrical arrhythmia interventions; and
 - (4) Immediate post-cardiac arrest care;
 - ii. Advanced trauma life support recognized by the American College of Surgeons; and
 - iii. Pediatric advanced life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:
 - (1) Pediatric rhythm interpretation;
 - (2) Oral, tracheal, and nasal airway management;
 - (3) Peripheral and central intravenous lines;
 - (4) Intraosseous infusion;
 - (5) Needle thoracostomy; and
 - (6) Pharmacologic, mechanical, and electrical arrhythmia interventions;
 - 2. If the emergency medical services provider or ambulance service designates a physician as administrative director according to subsection (A)(1), notify the Department in writing:
 - a. Of the identity and qualifications of the designated physician within 10 days after designating the physician as administrative medical director; and
 - b. Within 10 days after learning that a physician designated as administrative director is no longer qualified to be an administrative director; and
 - 3. Maintain for Department review:
 - a. A copy of the policies, procedures, protocols, and documentation required in subsection (E); and
 - b. Either:
 - i. The name, e-mail address, telephone number, and qualifications of the physician providing administrative medical direction on behalf of the emergency medical services provider or ambulance service; or
 - ii. If the emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the administrative medical director is qualified under subsection (A)(1).
- B.** Except as provided in R9-25-502(A)(3), if an emergency medical services provider or ambulance service provides only BLS, the emergency medical services provider or ambulance service is not required to have an administrative medical director.
- C.** If an emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, the emergency medical services provider or ambulance service shall ensure that the ALS base hospital or centralized medical direction communications center designates a physician as administrative medical director who meets one of the requirements in subsections (A)(1)(a) through (d).
- D.** An emergency medical services provider or ambulance service may provide administrative medical direction through an

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ALS base hospital that is a special hospital, if the emergency medical services provider or ambulance service:

1. Uses the ALS base hospital that is a special hospital for administrative medical direction only for patients who are children, and
2. Has a written agreement with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center for the provision of administrative medical direction.

E. An emergency medical services provider or an ambulance service shall ensure that:

1. An EMCT receives administrative medical direction as required by A.R.S. Title 36, Chapter 21.1 and this Chapter;
2. Protocols are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include:
 - a. A communication protocol for:
 - i. How an EMCT requests and receives on-line medical direction.
 - ii. When and how an EMCT notifies a health care institution of the EMCT's intent to transport a patient to the health care institution, and
 - iii. What procedures an EMCT follows in the event of a communications equipment failure;
 - b. A triage protocol for:
 - i. How an EMCT assesses and prioritizes the medical condition of a patient.
 - ii. How an EMCT selects a health care institution to which a patient may be transported.
 - iii. How a patient is transported to the health care institution, and
 - iv. When on-line medical direction is required;
 - c. A treatment protocol for:
 - i. How an EMCT performs a medical treatment on a patient or administers an agent to a patient, and
 - ii. When on-line medical direction is required while an EMCT is providing treatment; and
 - d. A protocol for the transfer of information to the emergency receiving facility, including:
 - i. The information required to be communicated to emergency receiving facility staff upon transfer of care, including the condition of the patient, the treatment provided to the patient, and the patient's response to the treatment;
 - ii. The information required to be documented on a prehospital incident history report; and
 - iii. The time-frame, which is associated with the transfer of care, for completion of a prehospital incident history report;
3. Policies and procedures are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that:
 - a. Are consistent with an EMCT's scope of practice, as specified in Table 5.1;
 - b. Cover:
 - i. Medical recordkeeping;
 - ii. Medical reporting;
 - iii. Processing of prehospital incident history reports;
 - iv. Obtaining, storing, transferring, and disposing of agents to which an EMCT has access including methods to:
 - (1) Identify individuals authorized by the administrative medical director to have access to agents,
 - (2) Maintain chain of custody for controlled substances, and
 - (3) Minimize potential degradation of agents due to temperature extremes;
 - v. Administration, monitoring, or assisting in patient self-administration of an agent;
 - vi. Monitoring and evaluating an EMCT's compliance with treatment protocols, triage protocols, and communications protocols specified in subsection (E)(2);
 - vii. Monitoring and evaluating an EMCT's compliance with medical recordkeeping, medical reporting, and pre-hospital incident history report requirements;
 - viii. Monitoring and evaluating an EMCT's compliance with policies and procedures for agents to which the EMCT has access;
 - ix. Monitoring and evaluating an EMCT's competency in performing skills authorized for the EMCT by the EMCT's administrative medical director and within the EMCT's scope of practice, as specified in Table 5.1;
 - x. Ongoing education, training, or remediation necessary to maintain or enhance an EMCT's competency in performing skills within the EMCT's scope of practice, as specified in Table 5.1;
 - xi. The process by which administrative medical direction is withdrawn from an EMCT; and
 - xii. The process for reinstating an EMCT's administrative medical direction; and
 - c. Include a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMCTs;
4. Protocols in subsection (E)(2) and policies and procedures in subsection (E)(3) are reviewed annually by the administrative medical director and updated as necessary;
5. Requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter are reviewed annually by the administrative medical

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director; and

6. The Department is notified in writing no later than ten days after the date:
 - a. Administrative medical direction is withdrawn from an EMCT; or
 - b. An EMCT's administrative medical direction is reinstated.

F. An administrative medical director for an emergency medical services provider or ambulance service shall ensure that:

1. An EMCT for whom the administrative medical director provides administrative medical direction:
 - a. Has access to at least the minimum supply of agents required for the highest level of service to be provided by the EMCT;
 - b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and
 - c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;
2. Policies and procedures for agents to which an EMCT has access:
 - a. Specify that an agent is obtained only from a person:
 - i. Authorized by law to prescribe the agent, or
 - ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;
 - b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to:
 - i. Document the name and the EMCT certification number or employee identification number of each individual who takes physical control of the supply of agents;
 - ii. Document the time and date that each individual takes physical control of the supply of agents;
 - iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, visibly adulterated, or missing agents upon taking physical control of the supply of agents;
 - iv. Document any of the conditions in subsection (F)(2)(b)(iii);
 - v. Notify the administrative medical director of a depleted, visibly adulterated, or missing controlled substance;
 - vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and
 - vii. Record each administration of an agent on a prehospital incident history report;
 - c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and
 - d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv)(1) and, when not being administered, is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and
 - iii. If a controlled substance, in the receptacle specified in subsection (F)(2)(d)(i) and locked in an ambulance in a hard-shelled container that is difficult to breach without the use of a power cutting tool;
3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, visibly adulterated, or missing; and
4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.

G. An administrative medical director may delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:

1. Another physician.
2. A physician assistant.
3. A registered nurse practitioner.
4. A registered nurse.
5. A Paramedic, or
6. An EMT-I(99).

~~R9-25-203. R9-25-202. General Requirements for Provision of On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E) (D))~~

A. An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:

1. Provide on-line medical direction:

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- a. ~~Through an on-line physician qualified under R9-25-205, and~~
- b. ~~As required in R9-25-205; and~~
- 2. ~~Maintain for Department review:~~
 - a. ~~The name, address, and telephone number of each on-line physician; and~~
 - b. ~~Documentation that an on-line physician is qualified under R9-25-205.~~
- ~~B. An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:~~
 - 1. ~~Have operational and accessible communication equipment that will allow an on-line physician to give on-line medical direction.~~
 - 2. ~~Have a written plan for alternative communications with an EMT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction; and~~
 - 3. ~~Have an on-line physician qualified under R9-25-205 available to give on-line medical direction to an EMT 24 hours a day, seven days a week.~~
- A. An emergency medical services provider or ambulance service shall:
 - 1. Ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
 - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii);
 - 2. For each physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, maintain for Department review either:
 - a. The name, e-mail address, telephone number, and qualifications of the physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service; or
 - b. If the emergency medical services provider or ambulance service provides on-line medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the physician providing on-line medical direction is qualified under subsection (A)(1);
 - 3. Ensure that the on-line medical direction provided to an EMCT on behalf of the emergency medical services provider or ambulance service is consistent with:
 - a. The EMCT's scope of practice, as specified in Table 5.1; and
 - b. Communication protocols, triage protocols, treatment protocols, and protocols for prehospital incident history reports, specified in R9-25-201(E)(2); and
 - 4. Ensures that a physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service relays on-line medical direction only through one of the following individuals, under the supervision of the physician and consistent with the individual's scope of practice:
 - a. Another physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A Paramedic, or
 - f. An EMT-I(99).
- B. An emergency medical services provider or ambulance service may provide on-line medical direction through an ALS base hospital that is a special hospital, if the emergency medical services provider or ambulance service:
 - 1. Uses the ALS base hospital that is a special hospital for on-line medical direction only for patients who are children, and
 - 2. Has a written agreement with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center for the provision of on-line medical direction.
- C. An emergency medical services provider or ambulance service shall ensure that the emergency medical services provider or ambulance service, or an ALS base hospital or a centralized medical direction communications center providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, has:
 - 1. Operational and accessible communication equipment that will allow on-line medical direction to be given to an EMCT;
 - 2. A written plan for alternative communications with an EMCT in the event of a disaster, communication equipment breakdown or repair, power outage, or malfunction; and
 - 3. A physician qualified under subsection (A)(1) available to give on-line medical direction to an EMCT 24 hours a day, seven days a week.

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R9-25-204. Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); 36-2204.01; 36-2208(A); and 36-2209(A)(2))

- A.** An individual shall not act as an administrative medical director unless the individual:
1. Is a physician; and
 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:
 - i. Proficiency in advanced emergency cardiac life support;
 - ii. Proficiency in advanced trauma life support; and
 - iii. Proficiency in pediatric emergency care.
- B.** An administrative medical director shall act only on behalf of:
1. An emergency medical services provider;
 2. An ambulance service;
 3. An ALS base hospital certified under this Article;
 4. A centralized medical direction communications center; or
 5. The Department, as provided in A.R.S. § 36-2202(J).
- C.** An administrative medical director:
1. Shall coordinate the provision of administrative medical direction to EMTs; and
 2. May delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
 - a. A physician;
 - b. A physician assistant;
 - c. A registered nurse practitioner;
 - d. A registered nurse;
 - e. A practical nurse; or
 - f. An EMT-I or EMT-P.
- D.** An administrative medical director shall:
1. Ensure that an EMT receives administrative medical direction as required under A.R.S. Title 36, Chapter 21.1 and this Chapter;
 2. Approve, ensure implementation of, and annually review treatment protocols, triage protocols, and communications protocols for an EMT to follow that are consistent with:
 - a. A.R.S. Title 36, Chapter 21.1 and this Chapter; and
 - b. The EMT's scope of practice as identified under Article 5 of this Chapter;
 3. Approve, ensure implementation of, and annually review policies and procedures that an EMT shall follow for medical recordkeeping, medical reporting, and completion and processing of prehospital incident history reports that are consistent with:
 - a. A.R.S. Title 36, Chapter 21.1 and this Chapter; and
 - b. The EMT's scope of practice as identified under Article 5 of this Chapter;
 4. Approve, ensure implementation of, and annually review policies and procedures governing the administrative medical direction of an EMT, including policies and procedures for:
 - a. Monitoring and evaluating an EMT's compliance with treatment protocols, triage protocols, and communications protocols;
 - b. Monitoring and evaluating an EMT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
 - c. Monitoring and evaluating an EMT's performance as authorized by the EMT's scope of practice as identified under Article 5 of this Chapter;
 - d. Ensuring that an EMT receives ongoing education, training, or remediation necessary to promote ongoing professional competency and compliance with EMT standards of practice established in R9-25-410;
 - e. Withdrawing an EMT's administrative medical direction; and
 - f. Reinstating an EMT's administrative medical direction; and
 5. Approve, ensure implementation of, and annually review policies and procedures for a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMTs.
- E.** An administrative medical director shall:
1. Annually document that the administrative medical director has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter; and
 2. Ensure that an individual to whom the administrative medical director delegates authority to fulfill the requirements

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- in this Section annually documents that the individual has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter.
- F.** An administrative medical director for an emergency medical services provider shall ensure that:
1. Each EMT for whom the administrative medical director provides administrative medical direction administers an agent only if the EMT is authorized to administer the agent under Article 5 of this Chapter;
 2. Each EMT for whom the administrative medical director provides administrative medical direction monitors an agent only if the EMT is authorized to monitor or administer the agent under Article 5 of this Chapter;
 3. Each EMT for whom the administrative medical director provides administrative medical direction assists in patient self-administration of an agent only if:
 - a. The EMT is authorized either to assist in patient self-administration of the agent or to administer the agent under Article 5 of this Chapter;
 - b. The agent is supplied by the patient;
 - c. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
 - d. The agent is in its original container and not expired;
 4. Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;
 5. Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;
 6. The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the administrative medical director provides administrative medical direction, that requires:
 - a. A written chain of custody for each supply of agents, including at least the following:
 - i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
 - ii. The time and date that each individual takes custody of the supply of agents;
 - b. Each individual who takes custody of a supply of agents to do the following:
 - i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
 - ii. Upon determining that any of the conditions described in subsection (F)(6)(b)(i) exists, document the condition, notify the administrative medical director if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
 - iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
 - c. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;
 - d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
 - iii. If a controlled substance, locked in a substantially constructed cabinet; and
 - e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
 7. Each EMT for whom the administrative medical director provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (F)(6) while on duty for the emergency medical services provider;
 8. The administrative medical director notifies the Department in writing within 10 days after the administrative medical director receives notice, as required under subsection (F)(6)(b)(ii), that any quantity of a controlled substance is missing; and
 9. The administrative medical director complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.
- G.** Subsections (F)(4) - (9) do not apply to an administrative medical director for an emergency medical services provider if:
1. The emergency medical services provider obtains all of its agents from an ALS base hospital pharmacy, and
 2. The agents provided to the emergency medical services provider are owned by the ALS base hospital that provides them.

R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

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- ~~A.~~ An individual shall not act as an on-line physician unless the individual:
 - 1. Is a physician; and
 - 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:
 - i. Proficiency in advanced emergency cardiac life support;
 - ii. Proficiency in advanced trauma life support; and
 - iii. Proficiency in pediatric emergency care.
- ~~B.~~ An individual shall act as an on-line physician only on behalf of:
 - 1. An emergency medical services provider;
 - 2. An ambulance service;
 - 3. An ALS base hospital certified under this Article, or
 - 4. A centralized medical direction communications center.
- ~~C.~~ An on-line physician shall give on-line medical direction to an EMT:
 - 1. As required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
 - 2. Consistent with the EMT's scope of practice as identified under Article 5 of this Chapter;
 - 3. Consistent with treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and
 - 4. Consistent with medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.
- ~~D.~~ An on-line physician may allow an individual acting under the supervision of the on-line physician to relay on-line medical direction, if the individual is:
 - 1. A physician;
 - 2. A physician assistant;
 - 3. A registered nurse practitioner;
 - 4. A registered nurse;
 - 5. A practical nurse; or
 - 6. An EMT-I or EMT-P.

~~R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)~~

- ~~A.~~ Pursuant to A.R.S. § 36-2204.01, an emergency medical services provider or an ambulance service may provide centralized medical direction by:
 - 1. Solely operating one or more centralized medical direction communications centers;
 - 2. Joining with one or more emergency medical services providers or ambulance services to operate one or more centralized medical direction communications centers; or
 - 3. Entering into an agreement with one or more centralized medical direction communications centers to provide medical direction to EMTs acting as EMTs for the emergency medical services provider or the ambulance service.
- ~~B.~~ For the purposes of A.R.S. § 36-2201(7), a "freestanding communications center":
 - 1. May be housed within one or more physical facilities; and
 - 2. Is not limited to a single physical location.
- ~~C.~~ For the purposes of A.R.S. § 36-2201(7)(b), a centralized medical direction communications center shall be "staffed" if an on-line physician qualified under R9-25-205 is available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

~~R9-25-207. R9-25-203. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))~~

- ~~A.~~ A person shall not operate as an ALS base hospital without certification from the Department.
- ~~B.~~ The Department shall not certify an ALS base hospital if:
 - 1. Within five years before the date of filing an application required by this Article, the Department has decertified the ALS base hospital; or
 - 2. The applicant knowingly provides false information on or with an application required by this Article.
- ~~C.~~B. The Department shall certify an ALS base hospital if the applicant:
 - 1. Is not ineligible for certification under subsection (B);
 - 2. 1. Is:
 - a. ~~licensed~~ Licensed as a general hospital under 9 A.A.C. 10, Article 2; or
 - b. ~~is a general hospital~~ A facility operated as a hospital in this state by the United States federal government or by a

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sovereign tribal nation;

~~3-2.~~ Has Maintains at least one current written agreement ~~that meets the requirements of A.R.S. § 36-2201(2)~~ described in A.R.S. § 36-2201(4);

3. Has not been decertified as an ALS base hospital by the Department within five years before submitting the application;

4. Submits an application that is complete and compliant with the requirements in this Article; and

~~4.~~ Meets the application requirements in R9-25-208.

5. Has not knowingly provided false information on or with an application required by this Article.

C. The Department may certify as an ALS base hospital a special hospital, which is licensed under 9 A.A.C. 10, Article 2 and provides surgical services and emergency services only to children, if the applicant:

1. Meets the requirements in subsection (B)(2) through (5), and

2. Provides administrative medical direction or on-line medical direction only for patients who are children.

D. An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.

E. An ALS base hospital certificate holder shall:

1. Conspicuously post the original or a copy of the ALS base hospital certificate in the emergency room lobby or emergency room reception area of the ALS base hospital; and

2. Return an ALS base hospital certificate to the Department immediately upon decertification by the Department pursuant to R9-25-211 or upon voluntarily ceasing to act as an ALS base hospital.

~~F.E.~~ Every At least every 24 months after certification, the Department shall inspect, pursuant according to A.R.S. § 41-1009, an ALS base hospital to determine ongoing compliance with the requirements of this Article.

~~G.F.~~ The Department may inspect, pursuant to A.R.S. § 41-1009, an ALS base hospital according to A.R.S. § 41-1009:

1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or

2. As necessary to determine compliance with the requirements of this Article.

~~R9-25-208.~~ **R9-25-204. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))**

A. An applicant for ALS base hospital certification shall submit to the Department an application, in a Department-provided format, including:

1. An application ~~A~~ form provided by the Department containing:

a. The applicant's name, address, and telephone number;

b. The name, email address, and telephone number of the applicant's chief administrative officer;

c. The name, email address, and telephone number of the applicant's chief administrative officer's designee if the chief administrative officer will not be the liaison between the ALS base hospital and the Department;

d. Whether the applicant is applying for certification of a:

i. General hospital licensed under 9 A.A.C. 10, Article 2;

ii. Special hospital licensed under 9 A.A.C. 10, Article 2, that provides surgical services and emergency services only to children; or

iii. Facility operating as a federal or tribal hospital;

e. The name of each emergency medical services provider or ambulance service for which the applicant has a current written agreement described in A.R.S. § 36-2201(4);

~~e.f.~~ The name, address, email address, and telephone number of each administrative medical director;

~~d.g.~~ The name, address, and telephone number of each on-line physician providing on-line medical direction;

~~e.h.~~ Attestation that the applicant meets the communication requirements in ~~R9-25-203(B)~~ R9-25-202(C);

~~f.i.~~ Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and ~~9 A.A.C. 25~~ this Chapter;

~~g.j.~~ Attestation that all information required as part of the application has been submitted and is true and accurate; and

~~h.k.~~ The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;

2. A copy of the applicant's current general hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and

3. A copy of each executed written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits; ~~described in A.R.S. § 36-2201(2).~~

B. The Department shall approve or deny an application under this Section pursuant according to Article 12 of this Chapter.

~~R9-25-209.~~ **R9-25-205. Amendment of Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))**

A. No later than 10 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall submit to the Department an application form provided by the Department containing notify the Department of the change, in a Department-provided format, including:

1. The current name of the ALS base hospital;

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2. The ALS base hospital's certificate number;
 - ~~1-3.~~ The new name and the effective date of the name change;
 4. Documentation supporting the name change;
 5. Documentation of compliance with the requirements in A.A.C. R9-10-109(A), if applicable;
 - ~~2-6.~~ Attestation that all information submitted to the Department is true and correct; and
 - ~~3-7.~~ The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** No later than 10 days after the date of a change in the address listed on an ALS base hospital certificate or a change of ownership, as defined in A.A.C. R9-10-101, an ALS base hospital certificate holder shall submit to the Department an application required in ~~R9-25-208(A)~~ R9-25-204(A).
- ~~C.~~ The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.

~~R9-25-210, R9-25-206,~~ **ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))**

- A.** An ALS base hospital certificate holder shall:
1. ~~Provide~~ Have the capability of providing both administrative medical direction and on-line medical direction;
 2. ~~Comply with the requirements in R9-25-202, R9-25-203, R9-25-204, and R9-25-205;~~
 2. Provide administrative medical direction and on-line medical direction to an EMCT according to:
 - a. A written agreement described in A.R.S. § 36-2201(4);
 - b. Except as provided in subsection (D), the requirements in R9-25-201 for administrative medical direction; and
 - c. The requirements in R9-25-202 for on-line medical direction; and
 3. Ensure that personnel are available to provide: administrative medical direction and on-line medical direction.
 - a. Administrative medical direction as required in R9-25-204, and
 - b. On-line medical direction as required in R9-25-205; and
 4. ~~Provide administrative medical direction and on-line medical direction to each EMT pursuant to a written agreement that meets the requirements of A.R.S. § 36-2201(2).~~
- B.** No later than 10 days after the date of a change in an administrative medical director listed on the ALS base hospital's application, as required in R9-25-204(A)(1)(f), an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The name of the ALS base hospital,
 2. The ALS base hospital's certificate number,
 3. The name of the new administrative medical director and the effective date of the change,
 4. Attestation that the new administrative medical director meets the requirements in R9-25-201(A)(1),
 5. Attestation that all information submitted to the Department is true and correct, and
 6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- ~~B-C.~~ An ALS base hospital certificate holder shall:
1. ~~Notify the Department in writing no~~ No later than 24 hours after ceasing to meet the requirement in ~~R9-25-207(C)(2) or R9-25-207(C)(3)~~, notify the Department in writing:
 - a. R9-25-203(B)(1) or (2); or
 - b. For a special hospital, R9-25-203(B)(2) or (C); and
 2. No later than 48 hours after terminating, adding, or amending a written agreement required in ~~R9-25-207(C)(3)~~ R9-25-203(B)(2), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement ~~that meets the requirements of R9-25-207(C)(3)~~ described in A.R.S. § 36-2201(4).
- ~~C-D.~~ An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
1. Is eligible for training program certification as provided in R9-25-301(C); and
 2. Complies with the requirements in ~~R9-25-301(F)~~ R9-25-301(D), R9-25-302, R9-25-303(B), (C), and (F), and R9-25-304 through R9-25-318 R9-25-306 and the Exhibits to Article 3 of this Chapter.
- ~~D-E.~~ If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider or ambulance service, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure, through the ALS base hospital's pharmacist in charge, that:
1. ~~Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;~~
 2. ~~Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;~~
 3. ~~The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the ALS base hospital supplies agents or provides administrative med-~~

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ical direction, that requires:

- a. A written chain of custody for each supply of agents, including at least the following:
 - i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
 - ii. The time and date that each individual takes custody of the supply of agents;
 - b. Each individual who takes custody of a supply of agents to do the following:
 - i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
 - ii. Upon determining that any of the conditions described in subsection (D)(3)(b)(i) exists, document the condition, notify the ALS base hospital's pharmacist in charge if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
 - iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
 - e. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;
 - d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
 - iii. If a controlled substance, locked in a substantially constructed cabinet; and
 - e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
4. Each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (D)(3) while on duty for the emergency medical services provider;
 5. The ALS base hospital's pharmacist in charge notifies the Department in writing within 10 days after the pharmacist in charge receives notice, as required under subsection (D)(3)(b)(ii), that any quantity of a controlled substance is missing; and
 6. The ALS base hospital's pharmacist in charge complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.
1. Except as stated in subsections (E)(2) and (3), the policies and procedures for agents to which an EMCT has access that are established by the administrative medical director for the emergency medical services provider or ambulance service comply with requirements in R9-25-201(F)(2);
 2. The emergency medical services provider or ambulance service requires an EMCT for the emergency medical services provider or ambulance service to notify the pharmacist in charge of the hospital pharmacy of a missing, visibly adulterated, or depleted controlled substance; and
 3. The pharmacist in charge of the hospital pharmacy notifies the Department, as specified in R9-25-201(F)(3), of a missing, visibly adulterated, or depleted controlled substance.

~~R9-25-211, R9-25-207, ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))~~

- A. The Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
 1. Does not meet the certification requirements in ~~R9-25-207(C)(2)~~ R9-25-203(B)(1) or ~~(2) R9-25-207(C)(3) or (C);~~
 2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
 3. Knowingly or negligently provides false documentation or information to the Department.
- B. The Department may take the following action against an ALS base hospital certificate holder:
 1. After notice is provided ~~pursuant~~ according to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure,
 2. After notice is provided ~~pursuant~~ according to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation,
 3. After notice and an opportunity to be heard is provided ~~pursuant~~ according to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or
 4. After notice and an opportunity to be heard is provided ~~pursuant~~ according to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.

~~R9-25-208.~~ Renumbered

~~R9-25-209.~~ Renumbered

~~R9-25-210.~~ Renumbered

~~R9-25-211.~~ Renumbered

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ARTICLE 3. TRAINING PROGRAMS

R9-25-301. Definitions; Application for Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

A. In this Article:

1. "AEMT" means the same as "advanced emergency medical technician" in A.R.S. § 36-2201.
2. "ALS" means the same as "advanced life support" in A.R.S. § 36-2201.
3. "Course" means didactic instruction, hands-on practical skills training, and, if applicable, clinical training and field training provided by a training program to prepare an individual to become or remain an EMCT.
4. "EMCT" means the same as "emergency medical care technician" in A.R.S. § 36-2201.
5. "EMT" means the same as "emergency medical technician" in A.R.S. § 36-2201.
6. "National education standards" means the same as in A.R.S. § 36-2201.
8. "Refresher challenge examination" means testing administered to an individual to assess the individual's knowledge, skills, and competencies compared with the national education standards established for the applicable EMCT level.
9. "Refresher course" means a course intended to reinforce and update the knowledge, skills, and competencies of an individual who has previously met the national educational standards for a specific level of EMS personnel.

~~B.A.~~ To apply for certification as a training program, an applicant shall submit an application to the Department, in a Department-provided format, including:

1. The applicant's name, address, and telephone number;
2. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
3. The name of each course the applicant plans to provide;
4. Attestation that the applicant has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov for the courses specified in subsection ~~(B)(3)~~ (A)(3);
5. The name, telephone number, and e-mail address of the training program medical director;
6. The name, telephone number, and e-mail address of the training program director;
7. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
8. Attestation that all information required as part of the application has been submitted and is true and accurate; and
9. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.

B. An applicant may submit to the Department a copy of an accreditation report if the applicant is currently accredited by a national accrediting organization.

C. The Department shall certify a training program if the applicant:

1. Has not operated a training program that has been decertified by the Department within five years before submitting the application,
2. Submits an application that is complete and compliant with requirements in this Article, and
3. Has not knowingly provided false information on or with an application required by this Article.

D. The Department, pursuant according to A.R.S. § 41-1009:

1. Shall ~~inspect~~ assess a training program at least once every 24 months after certification to determine ongoing compliance with the requirements of this Article; and
2. May inspect a training program:
 - a. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079, or
 - b. As necessary to determine compliance with the requirements of this Article.

E. The Department shall approve or deny an application under this Article pursuant according to Article 12 of this Chapter.

F. A training program certificate is valid only for the name of the training program certificate holder and the courses listed by the Department on the certificate and may not be transferred to another person.

R9-25-302. Administration (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

A. A training program certificate holder shall ensure that a training program medical director:

1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3);
2. Meets one of the following:
 - a. Has emergency medicine certification ~~from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery; issued by a member board of the American Board of Medical Specialties,~~
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine,
 - ~~b.c.~~ Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - ~~e.d.~~ Is practicing emergency medicine and has: Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii); and

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- ~~i. Proficiency in advanced emergency cardiac life support;~~
- ~~ii. Proficiency in advanced trauma life support; and~~
- ~~iii. Proficiency in pediatric emergency care; and~~

3. Before the start date of a course session, reviews the course content outline and final examinations to ensure consistency with the national educational standards for the applicable EMCT classification level.

B. A training program certificate holder shall ensure that a training program director:

1. Is one of the following:

- a. A physician with at least two years of experience providing emergency medical services as a physician;
- b. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services as a doctor of allopathic medicine or osteopathic medicine;
- c. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services as a registered nurse;
- d. A physician assistant ~~licensed under A.R.S. Title 32, Chapter 25~~ with at least two years of experience providing emergency medical services as a physician assistant; or
- e. An EMCT with at least two years of experience at that level classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower level of EMCT;

2. Has completed 24 hours of training related to instructional methodology including:

- a. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
- b. Preparing and administering tests and practical examinations;
- c. Using equipment and supplies;
- d. Measuring student performance;
- e. Evaluating student performance;
- f. Providing corrective feedback; and
- g. Evaluating course effectiveness;

~~2-3.~~ Supervises the day-to-day operation of the courses offered by the training program;

~~3-4.~~ Supervises and evaluates the lead instructor for a course session;

~~4-5.~~ Monitors the training provided by all preceptors providing clinical training or field training; and

~~5-6.~~ Does not participate as a student in a course session, take a refresher challenge examination, or receive a certificate of completion for a course given by the training program.

C. A training program certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:

- a. A minimum single claim professional liability insurance coverage of \$500,000, and
- b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or

2. Be self-insured for the amounts in subsection (C)(1).

D. A training program certificate holder shall ensure that policies and procedures are:

1. Established, documented, and implemented covering:

- a. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
- b. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security; and
- c. For each course offered:
 - i. Student attendance requirements, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
 - ii. Grading criteria, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or expelling a student for unsatisfactory grades;
 - iii. Administration of final examinations; and
 - iv. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct;

2. Reviewed annually and updated as necessary; and

3. Maintained on the premises and provided to the Department at the Department's request.

R9-25-303. Changes Affecting a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

A. No later than 10 days after a change in the name, address, or e-mail address of the training program certificate holder listed on a training program certificate, the training program certificate holder shall notify the Department of the change, in a Department-provided format, including:

- 1. The current name, address, and e-mail address of the training program certificate holder;
- 2. The certificate number for the training program;
- 3. The new name, new address, or new e-mail address and the date of the name, ~~or~~ address, or e-mail address change;

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4. If applicable, attestation that the training program certificate holder has insurance required in R9-25-302(C) that is valid for the new name or new address;
 5. Attestation that all information submitted to the Department is true and correct; and
 6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** No later than 10 days after a change in the training program medical director or training program director, a training program certificate holder shall notify the Department, in a Department-provided format, including:
1. The name and address of the training program certificate holder;
 2. The certificate number for the training program;
 3. The name, telephone number, and e-mail address of the new training program medical director or training program director and the date of the change; and
 4. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- C.** A training program certificate holder that intends to add a course shall submit to the Department a request for approval, in a Department-provided format, including:
1. The name and address of the training program certificate holder;
 2. The certificate number for the training program;
 3. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
 4. The name of each course the training program certificate holder plans to add;
 5. Attestation that the training program certificate holder has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov for the courses specified in subsection (C)(4);
 6. Attestation that all information required as part of the request is true and accurate; and
 7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- ~~C.D.~~** For notification made under subsection (A) of a change in the name or address of a certificate holder, the Department shall issue an amended certificate to the training program certificate holder that incorporates the new name or address but retains the date on the current certificate.
- E.** The Department shall approve or deny a request for the addition of a course in subsection (C) according to Article 12 of this Chapter.
- F.** A training program certificate holder shall not conduct a course until an amended certificate is issued by the Department.
- R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1), (2), and (3))**
- A.** For each course provided, a training program director shall ensure that:
1. The required equipment and facilities established for the course are available for use;
 2. The following are prepared and provided to course applicants before the start date of a course session:
 - a. A description of requirements for admission, course content, course hours, course fees, and course completion, including whether the course prepares a student for:
 - i. ~~The registration examination of a~~ A national certification organization examination for the specific EMCT classification level,
 - ii. A statewide standardized certification test under the state certification process, or
 - iii. Recertification at a specific EMCT classification level ~~of EMCT~~;
 - b. A list of books, equipment, and supplies that a student is required to purchase for the course;
 - c. Notification of eligibility for the course as specified in R9-25-305(B), (D)(1) and (2), or (F)(1) and (2), as applicable;
 - ~~c.d.~~ Notification of any specific requirements for a student to begin any component of the course, including, as applicable:
 - i. Prerequisite knowledge, skill, and abilities;
 - ii. ~~physical~~ Physical examinations;
 - iii. ~~immunizations;~~ Immunizations;
 - iv. ~~documentation~~ Documentation of freedom from infectious tuberculosis;
 - v. ~~drug~~ Drug screening; and
 - vi. ~~the~~ The ability to perform certain physical activities; and
 - ~~d.e.~~ The policies for the course on student attendance, grading, student conduct, and administration of final examinations, required in R9-25-302(D)(1)(c)(i) through (iv);
 3. Information is provided to assist a student to:
 - a. Register for and take ~~the an applicable registration examination of a national certification organization~~ examination;
 - b. Complete application forms for registration in a national certification organization; and

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- c. Complete application forms for certification under 9 A.A.C. 25, Article 4;
4. A lead instructor is assigned to each course session who:
 - a. Is one of the following:
 - i. A physician with at least two years of experience providing emergency medical services;
 - ii. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services;
 - iii. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services;
 - iv. A physician assistant licensed under A.R.S. Title 32, Chapter 25 with at least two years of experience providing emergency medical services; or
 - v. An EMCT with at least two years of experience at that level classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level of EMCT;
 - b. Has completed training related to instructional methodology specified in R9-25-302(B)(2);
 - ~~b.c.~~ Except as provided in subsection (A)(4)(e) (A)(4)(d), is present available for student-instructor interaction during all course hours established for the course session; and
 - ~~e.d.~~ Designates an individual who meets the requirements in subsection subsections (A)(4)(a) and (b) to be present and act as the lead instructor when the lead instructor is not present; and
5. Clinical training and field training are provided:
 - a. Under the supervision of a preceptor who has at least two years of experience providing emergency medical services and is one of the following:
 - i. An individual licensed in this or another state or jurisdiction as a doctor of allopathic medicine or osteopathic medicine;
 - ii. An individual licensed in this or another state or jurisdiction as a registered nurse;
 - iii. An individual licensed in this or another state or jurisdiction as a physician assistant; or
 - iv. An EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level of EMCT;
 - b. Consistent with the clinical training and field training requirements established for the course; and
 - c. If clinical training or field training are provided by a person other than the training program certificate holder, under a written agreement with the person providing the clinical training or field training that includes a termination clause that provides sufficient time for a student to complete the training upon termination of the written agreement.
- B. A training program director may combine the students from more than one course session for didactic instruction.
- C. For a final examination or refresher challenge examination for each course offered, a training program director shall ensure that:
 1. The final examination or refresher challenge examination for the course is completed onsite at the training program or at a facility used for course instruction;
 2. Except as provided in subsection (D), the final examination or refresher challenge examination for a course includes a:
 - a. Written test:
 - i. ~~With 150 multiple-choice questions with~~ one absolutely correct answer, two incorrect answers, and one distractor, none of which is “all of the above” or “none of the above”;
 - ii. With 150 multiple-choice questions for the:
 - (1) Final examination for a refresher course, or
 - (2) Refresher challenge examination for a course;
 - ~~ii-iii.~~ Covering That covers the learning objectives of the course with representation from all topics covered by the course; and
 - ~~iii-iv.~~ That requires a passing score of 75% or higher in no more than three attempts for a final examination and no more than one attempt for a refresher challenge examination; and
 - ~~iv.~~ That is proctored by an individual who is neither the training program director nor an instructor for the course; and
 - b. Comprehensive practical skills test:
 - i. Evaluating the student’s technical proficiency in skills consistent with the national education standards for the applicable EMCT classification level, and
 - ii. Reflecting the skills necessary to pass ~~the registration examination of~~ a national certification organization examination at the applicable EMCT classification level;
 3. The identity of each student taking the final examination or refresher challenge examination is verified;
 4. A student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;

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5. A student who violates subsection (C)(4) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination; and
 6. An instructor who allows a student to violate subsection (C)(4) or assists a student in violating subsection (C)(4) is no longer permitted to serve as an instructor.
- D.** A training program director shall ensure that a standardized certification test for a student under the state certification process includes:
1. A written test that meets the requirements in subsection (C)(2)(a); and
 2. Either:
 - a. A comprehensive practical skills test that meets the requirements in subsection (C)(2)(b), or
 - b. An attestation of practical skills proficiency on a Department-provided form.
- E.** A training program director shall ensure that:
1. A student is allowed no longer than six months after the date of the last day of classroom instruction for a course session to complete all course requirements,
 2. There is a maximum ratio of four students to one preceptor for the clinical training portion of a course, and
 3. There is a maximum ratio of one student to one preceptor for the field training portion of a course.
- F.** A training program director shall:
1. For a student who completes a course, issue a certificate of completion containing:
 - a. Identification of the training program,
 - b. Identification of the course completed,
 - c. The name of the student who completed the course,
 - d. The date the student completed all course requirements,
 - e. Attestation that the student has met all course requirements, and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and
 2. For an individual who passes a refresher challenge examination, issue a certificate of completion containing:
 - a. Identification of the training program,
 - b. Identification of the refresher challenge examination administered,
 - c. The name of the individual who passed the refresher challenge examination,
 - d. The date or dates the individual took the refresher challenge examination,
 - e. Attestation that the individual has passed the refresher challenge examination, and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

R9-25-305. Supplemental Requirements for Specific Courses (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** Except as specified in subsection (B), a training program certificate holder shall ensure that a certification course offered by the training program:
1. Covers knowledge, skills, and competencies comparable to the national education standards established for a specific EMCT classification level;
 2. Prepares a student for:
 - a. ~~The registration examination of a~~ A national certification organization examination for the specific EMCT classification level, or
 - b. A standardized certification test under the state certification process;
 3. Has no more than 24 students enrolled in each session of the course; and
 4. Has a minimum course length of:
 - a. For an EMT certification course, 130 hours;
 - b. For an AEMT certification course, 244 hours, including:
 - i. A minimum of 100 contact hours of didactic instruction and practical skills training, and
 - ii. A minimum of 144 contact hours of clinical training and field training; and
 - c. For a Paramedic certification course, 1000 hours, including:
 - i. A minimum of 500 contact hours of didactic instruction and practical skills training, and
 - ii. A minimum of 500 contact hours of clinical training and field training.
- B.** A training program director shall ensure that, for an AEMT certification course or a Paramedic certification course, a student has one of the following:
1. Current certification from the Department as an EMT or higher EMCT classification level.
 2. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program, or
 3. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level.
- ~~B.C.~~** A training program director shall ensure that for a course to prepare an EMT-I(99) for Paramedic certification:

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1. A student has current certification from the Department as an EMT-I(99);
2. The course covers the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov;
3. No more than 24 students are enrolled in each session of the course;
4. The minimum course length is 600 hours, including:
 - a. A minimum of 220 contact hours of didactic instruction and practical skills training, and
 - b. A minimum of 380 contact hours of clinical training and field training; and
5. A minimum of 60 contact hours of training in anatomy and physiology are completed by the student:
 - a. As a prerequisite to the course,
 - b. As preliminary instruction completed at the beginning of the course session before the didactic instruction required in subsection ~~(B)(4)(a)~~ (C)(4)(a) begins, or
 - c. Through integration of the anatomy and physiology material with the units of instruction required in subsection ~~(B)(4)~~ (C)(4).

~~E.D.~~ A training program director shall ensure that for an EMT refresher course:

1. A student has one of the following:
 - a. Current certification from the Department as an EMT or higher EMCT classification level ~~of EMCT~~,
 - b. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification ~~EMCT level course~~ provided by a training program certified by the Department or an equivalent training program,
 - c. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level ~~of EMCT~~, or
 - d. Documentation from a national certification organization requiring the student to complete the EMT refresher course to be eligible to apply for registration in the national certification organization;
2. A student has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
3. The EMT refresher course covers:
 - a. The knowledge, skills, and competencies in the national education standards established at the EMT classification level; or
 - b. Until the following dates, the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov:
 - i. March 31, 2015, for a student who has documentation from a national certification organization of ~~certification~~ registration at the EMT classification level or higher EMCT classification level ~~of EMCT~~ that expired on or before March 31, 2011; ~~and~~
 - ii. March 31, 2016, for a student who has documentation from a national certification organization of ~~certification~~ registration at the EMT classification level or higher EMCT classification level ~~of EMCT~~ that expired between April 1, 2011 and March 31, 2012; ~~and~~
 - iii. December 31, 2017, for a student who is not registered by a national certification organization;
4. No more than 32 students are enrolled in each session of the course; and
5. The minimum course length is 24 contact hours.

~~D.E.~~ A training program authorized to provide an EMT refresher course may administer a refresher challenge examination covering materials included in the EMT refresher course to an individual eligible for admission into the EMT refresher course.

~~E.E.~~ A training program director shall ensure that for an ALS refresher course:

1. A student has one of the following:
 - a. Current certification from the Department as an AEMT, EMT-I(99), or Paramedic;
 - b. Documentation of completion of a prior training course, at the AEMT classification level or higher, provided by a training program certified by the Department or an equivalent training program;
 - c. Documentation of current registration in a national certification organization at the AEMT or Paramedic classification level; or
 - d. Documentation from a national certification organization requiring the student to complete the ALS refresher course to be eligible to apply for registration in the national certification organization;
2. A student has documentation of current certification in:
 - a. Adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs, and
 - b. For a student who has current certification as an EMT-I(99) or higher level of EMCT classification, advanced emergency cardiac life support;
3. The ALS refresher course covers:
 - a. For a student who has current certification as an AEMT or documentation of completion of prior training at an

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AEMT classification level, the knowledge, skills, and competencies in the national education standards established for an AEMT;

- b. For a student who has current certification as an EMT-I(99), the knowledge, skills, and competencies established according to A.R.S. § 36-2204 for an EMT-I(99) as of the effective date of this Section and available through the Department at www.azdhs.gov;
- c. For a student who has current certification as a Paramedic or documentation of completion of prior training at a Paramedic classification level, the knowledge, skills, and competencies in the national education standards established for a Paramedic; and
- d. Until the following dates, the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov:
 - i. March 31, 2015, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and ~~certification~~ registration from a national certification organization that expired on or before March 31, 2011;
 - ii. March 31, 2016, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and ~~certification~~ registration from a national certification organization that expired between April 1, 2011 and March 31, 2012; ~~and~~
 - iii. March 31, 2017, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and ~~certification~~ registration from a national certification organization that expired between April 1, 2012 and March 31, 2013; ~~and~~
 - iv. December 31, 2017, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and is not registered by a national certification organization;
4. No more than 32 students are enrolled in each session of the course; and
5. The minimum course length is 48 contact hours.

~~F.G.~~ A training program authorized to provide an ALS refresher course may administer a refresher challenge examination covering materials included in the ALS refresher course to an individual eligible for admission into the ALS refresher course.

R9-25-306. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** At least 10 days before the start date of a course session, a training program certificate holder shall submit to the Department the following information in a Department-provided format:
1. Identification of the training program;
 2. Identification of the course;
 3. The name of the training program medical director;
 4. The name of the training program director;
 5. The name of the course session's lead instructor;
 6. The course session start date and end date;
 7. The physical location at which didactic training and practical skills training will be provided;
 8. The days of the week and times of each day during which didactic training and practical skills training will be provided;
 - ~~8-9.~~ The number of clock hours of didactic training and practical skills training;
 - ~~9-10.~~ If applicable, the number of hours of clinical training and field training included in the course session;
 - ~~10-11.~~ The date, start time, and location of the final examination for the course;
 - ~~11-12.~~ Attestation that the lead instructor is qualified under R9-25-304(A)(4)(a); and
 - ~~12-13.~~ The name and signature of the chief administrative officer or program director and the date signed.

B. The Department shall review the information submitted according to subsection (A) and, within five days after receiving the information:

1. Approve a course session, issue an identifying number to the course session, and notify the training program certificate holder of the approval and identifying number; or
2. Disapprove a course session that does not comply with requirements in this Article and notify the training program certificate holder of the disapproval.

~~B-C.~~ A training program certificate holder shall ensure that:

1. No later than 10 days after the date a student completes all course requirements, the training program director submits to the Department the following information in a Department-provided format:
 - a. Identification of the training program;
 - b. The name of the training program director;
 - c. Identification of the course and the start date and end date of the course session completed by the student;
 - d. The name, date of birth, and mailing address of the student who completed the course;
 - e. The date the student completed all course requirements;
 - f. The score the student received on the final examination;
 - g. Attestation that the student has met all course requirements;

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- h. Attestation that all information submitted is true and accurate; and
 - i. The signature of the training program director and the date signed; and
2. No later than 10 days after the date an individual passes a refresher challenge examination administered by the training program, the training program director submits to the Department the following information in a Department-provided format;
- a. Identification of the training program;
 - b. Identification of the:
 - i. Refresher challenge examination administered, and
 - ii. Course for which the refresher challenge examination substitutes;
 - c. The name of the training program medical director;
 - d. The name of the training program director;
 - e. The name, date of birth, and mailing address of the individual who passed the refresher challenge examination;
 - f. The date and location at which the refresher challenge examination was administered;
 - g. The score the individual received on the refresher challenge examination;
 - h. Attestation that the individual:
 - i. Met the requirements for taking the refresher challenge examination, and
 - ii. Passed the refresher challenge examination;
 - ~~g.i.~~ Attestation that all information submitted is true and accurate; and
 - ~~h.j.~~ The name and signature of the training program director and the date signed.

~~E.D.~~ A training program certificate holder shall ensure that:

- 1. A record is established for each student enrolled in a course session, including:
 - a. The student's name and date of birth;
 - b. A copy of the student's enrollment agreement or contract;
 - c. Identification of the course in which the student is enrolled;
 - d. The start date and end date for the course session;
 - e. Documentation supporting the student's eligibility to enroll in the course;
 - f. Documentation that the student meets prerequisites for the course, established as specified in R9-25-304(A)(2)(c)(i);
 - ~~e.g.~~ The student's attendance records;
 - ~~f.h.~~ The student's clinical training records, if applicable;
 - ~~g.i.~~ The student's field training records, if applicable;
 - ~~h.j.~~ The student's grades;
 - ~~i.k.~~ Documentation of the final examination for the course, including:
 - i. A copy of each scored written test attempted or completed by the student, and
 - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the student; and
 - ~~j.l.~~ A copy of the student's certificate of completion required in R9-25-304(F)(1);
- 2. A student record required in subsection (D)(1) is maintained for three years after the ~~start~~ end date of a student's course session and provided to the Department at the Department's request;
- 3. A record is established for each individual to whom a refresher challenge examination is administered, including:
 - a. The individual's name and date of birth;
 - b. Identification of the refresher challenge examination administered to the individual;
 - c. Documentation supporting the individual's eligibility for a refresher challenge examination;
 - d. The date the refresher challenge examination was administered;
 - e. Documentation of the refresher challenge examination, including:
 - i. A copy of the scored written test attempted or completed by the individual, and
 - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the individual; and
 - f. A copy of the individual's certificate of completion required in R9-25-304(F)(2); and
- 4. A record required in subsection (D)(3) is maintained for three years after the date the refresher challenge examination was administered and provided to the Department at the Department's request.

R9-25-307. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** The Department may take an action listed in subsection (B) against a training program certificate holder who:
 - 1. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
 - 2. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against a training program certificate holder:
 - 1. After notice is provided ~~pursuant~~ according to A.R.S. Title 41, Chapter 6, Article 10, issue:
 - a. A letter of censure, or
 - b. An order of probation; or

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2. After notice and opportunity to be heard is provided pursuant according to A.R.S. Title 41, Chapter 6, Article 10:
 - a. Suspend the training program certificate, or
 - b. Decertify the training program.

ARTICLE 4. ~~EMT~~ EMCT CERTIFICATION

R9-25-401. ~~EMT~~ EMCT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (6), and (7))

- ~~A.~~ Except as provided in ~~R9-25-406(G)~~ R9-25-404(E) and R9-25-405, an individual shall not act as an ~~EMT-B, EMT-I, or EMT-P~~ EMCT unless the individual has current certification or recertification from the Department.
- ~~B.~~ The Department shall approve or deny an application required by this Article pursuant to Article 12 of this Chapter.
- ~~C.~~ If the Department denies an application for certification or recertification, the applicant may request a hearing pursuant to A.R.S. Title 41, Chapter 6, Article 10.
- ~~B.~~ An EMCT shall act as an EMCT only:
 1. As authorized under the EMCT's scope of practice as specified in Article 5 of this Chapter; and
 2. For an EMCT required to have medical direction according to A.R.S. Title 36, Chapter 21.1 and R9-25-502, as authorized by the EMCT's administrative medical director under:
 - a. Treatment protocols, triage protocols, and communication protocols approved by the EMCT's administrative medical director as specified in R9-25-201(E)(2); and
 - b. Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMCT's administrative medical director as specified in R9-25-201(E)(3)(b).
- ~~D.C.~~ The Except as provided in A.R.S. § 36-2211, the Department shall certify or re-certify an EMT individual as an EMCT for a period of two years:
 1. Except as provided in R9-25-405; or
 2. Unless revoked by the Department pursuant to A.R.S. § 36-2211.
- ~~E.D.~~ An individual whose ~~EMT~~ EMCT certificate is expired shall not apply for recertification, ~~unless the individual has been granted an extension to file an application for EMT recertification under R9-25-407, or submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the EMT certification~~ except as provided in R9-25-406 R9-25-404(A).
- ~~F.~~ An individual whose EMT certificate is expired or denied by the Department may apply for certification pursuant to R9-25-404 or, if applicable, R9-25-405.
- ~~G.E.~~ The Department shall keep confidential all criminal justice information received from the Department of Public Safety or any local, state, tribal, or federal law enforcement agency and shall not make this information available for public record review comply with the confidentiality requirements in A.R.S. §§ 36-2220(E) and 36-2245(M).

R9-25-402. ~~EMT~~ EMCT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G); and (G) and 36-2204(1), (6), and (7))

- A. The Department shall not certify an ~~EMT~~ EMCT if the applicant:
 1. Is currently:
 - a. Incarcerated for a criminal conviction,
 - b. On parole for a criminal conviction,
 - c. On supervised release for a criminal conviction, or
 - d. On probation for a criminal conviction;
 2. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:
 - a. 1st or 2nd degree murder;
 - b. Attempted 1st or 2nd degree murder;
 - c. Sexual assault;
 - d. Attempted sexual assault;
 - e. Sexual abuse of a minor;
 - f. Attempted sexual abuse of a minor;
 - g. Sexual exploitation of a minor;
 - h. Attempted sexual exploitation of a minor;
 - i. Commercial sexual exploitation of a minor;
 - j. Attempted commercial sexual exploitation of a minor;
 - k. Molestation of a child;
 - l. Attempted molestation of a child; or
 - m. A dangerous crime against children as defined in A.R.S. § ~~13-604.01~~ 13-705;
 3. Within five years before the date of filing an application for certification required by this Article, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than a

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- misdemeanor involving moral turpitude or a felony listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated;
4. Within five years before the date of filing an application for certification required by this Article, has had ~~EMT~~ EMCT certification or recertification revoked in this state or ~~EMT~~ EMCT certification, recertification, or licensure at an EMCT classification level revoked in any other state or jurisdiction; or
 5. Knowingly provides false information in connection with an application required by this Article.
- B.** The Department shall not re-certify an ~~EMT~~ EMCT, if:
1. While certified, the applicant has been convicted of a crime listed in subsection (A)(2), or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. The applicant knowingly provides false information in connection with an application required by this Article.
- ~~C.~~ The Department shall certify or recertify an EMT who:
- ~~1. Is at least 18 years of age;~~
 - ~~2. Is not ineligible for:~~
 - a. Certification pursuant to subsection (A); or
 - b. Recertification pursuant to subsection (B); and
 - ~~3. Meets the applicable requirements in R9-25-404, R9-25-405, or R9-25-406.~~
- C.** The Department shall make probation a condition of EMCT certification if, within two years before the date of filing an application under R9-25-403, an applicant has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.
- D.** Except as provided in subsection (E), the Department shall make probation a condition of EMCT recertification if an applicant:
1. Is currently:
 - a. Incarcerated for a criminal conviction,
 - b. On parole for a criminal conviction,
 - c. On supervised release for a criminal conviction, or
 - d. On probation for a criminal conviction; or
 2. Within five years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than those listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated.
- E.** As specified in R9-25-409, the Department may make probation a condition of EMCT recertification if an applicant, within two years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.
- F.** If the Department makes probation a condition of EMCT certification or recertification, the Department shall fix the period and terms of probation that will:
1. Protect the public health and safety, and
 2. Rehabilitate and educate the applicant.
- R9-25-403: EMT Probationary Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))**
- A.** The Department shall make probation a condition of certification under R9-25-404 or temporary certification under R9-25-405, if within two years before the date of filing an application for certification required by this Article, an applicant who is not ineligible for certification under R9-25-402 has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated.

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B. The Department shall fix the period and terms of probation that will:

1. Protect the public health and safety; and
2. Remediate and educate the applicant.

~~R9-25-404.~~ R9-25-403. Application Requirements for **EMT **EMCT** Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))**

A. An applicant for initial EMT certification shall submit to the Department an application including:

1. An application form provided by the Department containing:
 - a. The applicant's name, address, telephone number, date of birth, and Social Security number;
 - b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A) and R9-25-403(A);
 - c. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - d. The applicant's signature and date of signature;
2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A) and R9-25-403(A), a detailed explanation and supporting documentation; and
3. If applicable, a copy of EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction.

B. In addition to the application, the following are required:

1. For EMT-B certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course session for either the:
 - i. Arizona EMT-B course, as defined in R9-25-305; or
 - ii. Arizona EMT-B refresher, as defined in R9-25-306, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the basic emergency medical technician level or higher level; and
 - b. Evidence of current NREMT Basic registration;
2. For EMT-I(99) certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course session for either the:
 - i. Arizona EMT-I course, as defined in R9-25-307; or
 - ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the intermediate emergency medical technician level or higher level; and
 - b. Evidence of current NREMT Intermediate registration; or
3. For EMT-P certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course session for the:
 - i. Arizona EMT-P course, as defined in R9-25-308;
 - ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the paramedic emergency medical technician level; or
 - iii. Arizona EMT-I(99) to EMT-P transition course; and
 - b. Evidence of current NREMT Paramedic registration.

A. An individual may apply for initial EMCT certification if:

1. The individual is at least 18 years of age;
2. The individual complies with the requirements in A.R.S. § 41-1080;
3. The individual is not ineligible under R9-25-402; and
4. One of the following applies to the individual:
 - a. The individual has not previously applied for certification from the Department or has withdrawn an application for certification;
 - b. An application for certification submitted by the individual was denied by the Department two or more years before the present date;
 - c. Except as provided in R9-25-404(A)(2) or (3), the individual's certification as an EMCT is expired;
 - d. The individual's certification as an EMCT was revoked by the Department five or more years before the present date; or
 - e. The individual has current certification as an EMCT and is applying for certification at a different classification level of EMCT.

B. An applicant for initial EMCT certification shall submit to the Department an application in a Department-provided format, including:

1. A form containing:

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- a. The applicant's name, address, telephone number, email address, date of birth, gender, and Social Security number;
 - b. The level of EMCT certification being requested;
 - c. Responses to questions addressing the applicant's criminal history according to R9-25-402(A)(1) through (3) and (C);
 - d. Whether the applicant has within the five years before the date of the application had:
 - i. EMCT certification or recertification revoked in Arizona; or
 - ii. Certification, recertification, or licensure at an EMCT classification level revoked in another state or jurisdiction;
 - e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - f. The applicant's signature or electronic signature and date of signature;
 2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
 3. For each affirmative response to subsection (B)(1)(d), a detailed explanation on a Department-provided form and supporting documentation;
 4. If applicable, a copy of certification, recertification, or licensure at an EMCT classification level issued to the applicant in another state or jurisdiction;
 5. A copy of one of the following for the applicant:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status; and
 6. One of the following:
 - a. Either:
 - i. A certificate of completion showing that within two years before the date of the application, the applicant completed statewide standardized training; and
 - ii. A statewide standardized certification test; or
 - b. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification.
- B.** The Department shall approve or deny an application for initial EMCT certification according to Article 12 of this Chapter.
- C.** If the Department denies an application for initial EMCT certification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

~~R9-25-405. Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1), (6), and (7))~~

- ~~**A.** An individual who holds current NREMT-Basic registration, but does not meet requirements in R9-25-404(B)(1)(a), may apply for one temporary six-month EMT-B certification.~~
- ~~**B.** An individual who holds current NREMT-Paramedic registration, but does not meet application requirements in R9-25-404(B)(3)(a), may apply for one temporary six-month EMT-P certification.~~
- ~~**C.** An applicant for temporary certification shall submit to the Department a copy of current NREMT registration and an application required in R9-25-404(A).~~
- ~~**D.** The Department shall certify an applicant who meets certification requirements under this Section for six months.~~
- ~~**E.** The Department shall automatically certify an EMT who holds a six-month certificate for an additional 18 months, if the EMT:~~
 - ~~1. Continues to hold current NREMT-Basic registration or current NREMT-Paramedic registration; and~~
 - ~~2. Before the expiration of the six-month certificate, meets the applicable application requirements in R9-25-404(B).~~
- ~~**F.** The Department shall issue an EMT who complies with subsection (E) a new certificate that expires 24 months from the date the six-month certificate is issued.~~
- ~~**G.** An EMT who is not certified under subsection (E):~~
 - ~~1. Shall not act as an EMT after the expiration date of the six-month certificate,~~
 - ~~2. Is not eligible to apply for another six-month certificate under this Section,~~
 - ~~3. Shall not apply for recertification, and~~
 - ~~4. May apply for certification pursuant to R9-25-404.~~

~~R9-25-406. R9-25-404. Application Requirements for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), (B), and (H) and 36-2204(1), (4), and (6))~~

- ~~**A.** An individual may apply for recertification at the same level of EMCT certification held or at a lower level of EMCT certification:~~

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1. Within 90 days before the expiration date of the individual's current EMCT certification; ~~or~~
 2. Within the 30-day period after the expiration date of the individual's EMCT certification, as provided in subsection (E); or
 3. Within the extension time period granted under R9-25-405.
- B.** To apply for recertification, an applicant shall submit to the Department an application, in a Department-provided format, including:
1. A form containing:
 - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
 - b. The applicant's current certification number;
 - ~~b.c.~~ Responses to questions addressing the applicant's criminal history pursuant according to R9-25-402(A)(3) and (B)(1) R9-25-402(B), (D), and (E);
 - ~~e.d.~~ Whether the applicant has within the five years before the date of the application had:
 - i. EMCT certification or recertification revoked in Arizona; or
 - ii. Certification, recertification, or licensure ~~to practice EMS~~ at an EMCT classification level revoked in another state or jurisdiction;
 - ~~d.e.~~ An indication of the level of EMCT certification held currently or within the past 30 days and of the level of EMCT certification for which recertification is requested;
 - ~~e.f.~~ Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - ~~f.g.~~ The applicant's signature or electronic signature and date of signature;
 2. For each affirmative response to a question addressing the applicant's criminal history required in subsection ~~(B)(1)(b)~~ (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
 3. For an affirmative response to subsection ~~(B)(1)(c)~~ (B)(1)(d), a detailed explanation on a Department-provided form; and
 4. For an application submitted within 30 days after the expiration date of EMCT certification, a nonrefundable certification extension fee of \$150.
- C.** In addition to the application in subsection (B), an applicant for EMCT recertification shall submit one of the following to the Department:
1. A certificate of course completion issued by the training program director under R9-25-304(F) showing that within two years before the date of the application, the applicant completed either the applicable refresher course or applicable refresher challenge examination;
 2. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification; or
 3. Attestation on a Department-provided form that the applicant:
 - a. Has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
 - b. For EMT-I(99) recertification or Paramedic recertification, has documentation of current certification in advanced emergency cardiac life support;
 - c. Has documentation of having completed within the previous two years the following number of hours of continuing education in topics that are consistent with the content of the applicable refresher course:
 - i. For EMT recertification, a minimum of 24 hours;
 - ii. For AEMT recertification, EMT-I(99) recertification, or Paramedic recertification, a minimum of 48 hours; and
 - iii. Included in the hours required in subsections (C)(3)(c)(i) or (ii), as applicable, a minimum of 5 hours in pediatric emergency care; and
 - d. For EMT recertification, has functioned in the capacity of an EMT for at least 240 hours during the previous two years.
- D.** An applicant who submits an attestation under subsection (C)(3) shall maintain the applicable documentation for at least three years after the date of the application.
- E.** If an individual submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
1. Was authorized to act as an EMCT during the period between the expiration date of the individual's EMCT certification and the date the application was submitted, and
 2. Is authorized to act as an EMCT until the Department makes a final determination on the individual's application for recertification.
- F.** If an individual does not submit an application for recertification before the expiration date of the individual's EMCT certification or, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:

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1. Is not an EMCT,
2. Was not authorized to act as an EMCT during the 30-day period after the expiration date of the individual's EMCT certification, and
3. May submit an application to the Department for initial EMCT certification according to R9-25-403.

G. The Department shall approve or deny an application for recertification according to Article 12 of this Chapter.

H. If the Department denies an application for recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

G-I. The Department may deny, based on failure to meet the standards for recertification in A.R.S. Title 36, Chapter 21.1 and this Article, an application submitted with a certification extension fee.

H. In this Section, the following definitions apply:

1. "AEMT" means the same as "advanced emergency medical technician" in A.R.S. § 36-2201.
2. "Course" means didactic instruction, hands-on practical skills training, and, if applicable, clinical training and field training provided by a training program to prepare an individual to become or remain an EMCT.
3. "EMCT" means the same as "emergency medical care technician" in A.R.S. § 36-2201.
4. "EMT" means the same as "emergency medical technician" in A.R.S. § 36-2201.
5. "Paramedic" means the same as in A.R.S. § 36-2201.
6. "Refresher challenge examination" means a test given to an individual to assess the individual's knowledge, skills, and competencies compared with the national education standards established for the applicable EMCT level.
7. "Refresher course" means a course intended to reinforce and update the knowledge, skills, and competencies of an individual who has previously met the national educational standards for a specific level of EMS personnel.

~~R9-25-407.~~ R9-25-405. Extension to File an Application for ~~EMT~~ EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and ~~(6), 36-2202(G), (A)(6), and (G) and 36-2204(1), (4), (5), and (7))~~

A. Before the expiration of a current certificate, an ~~EMT~~ EMCT who is unable to meet the recertification requirements in ~~R9-25-406~~ R9-25-404 because of personal or family illness, military service, or authorized federal or state emergency response deployment may apply to the Department in writing for ~~one an~~ an extension of time to file for recertification by submitting:

1. The following information in a Department-provided format:
 - a. The EMCT's name, address, telephone number, and email address;
 - b. The EMCT's current certification number;
 - c. The reason for requesting the extension; and
 - d. The EMCT's signature or electronic signature and date of signature; and
2. For an exemption based on military service or authorized federal or state emergency response deployment, a copy of the EMCT's military orders or documentation of authorized federal or state emergency response deployment.

B. The Department may grant ~~one an~~ an extension of time to file for recertification:

1. For personal or family illness, for no more than 180 days; or
2. For each military service or authorized federal or state emergency response deployment, for the term of service or deployment plus 180 days.

C. An individual applying for or granted an extension of time to file for recertification:

1. ~~remains~~ Remains ~~certified pursuant to the conditions of~~ according to A.R.S. § 41-1092.11 during the extension period, and
2. Shall submit an application for recertification according to R9-25-404.

D. An ~~EMT~~ individual who does not meet the recertification requirements in ~~R9-25-406~~ R9-25-404 within the extension period or has the application for recertification denied by the Department:

1. ~~Is not eligible to apply for recertification; and~~
2. May apply for certification pursuant to R9-25-404, or if applicable, R9-25-405.

1. Is not an EMCT, and
2. May submit an application to the Department for initial EMCT certification according to R9-25-403.

E. The Department shall approve or deny a request for an extension to file for EMCT recertification according to Article 12 of this Chapter.

F. If the Department denies a request for an extension to file for EMCT recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

~~R9-25-408.~~ R9-25-406. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))

A. An individual who holds current and valid ~~EMT~~ EMCT certification at a classification level higher than ~~EMT-B~~ EMT and who is not under investigation ~~pursuant~~ according to A.R.S. § 36-2211 may apply for:

1. ~~continued~~ Continued certification at a lower ~~EMT~~ EMCT classification level for the remainder of the certification period by submitting to the Department:
 - 1-a. A written request containing:

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- ~~a.i.~~ The ~~EMT's~~ EMCT's name, address, email address, telephone number, date of birth, and Social Security number;
 - ~~b.ii.~~ The lower ~~EMT level~~ EMCT classification level requested;
 - ~~c.iii.~~ Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;
 - ~~d.iv.~~ Attestation that all information submitted is true and accurate; and
 - ~~e.v.~~ The applicant's signature or electronic signature and date of signature; and
- 2-b. Either:

- ~~a.i.~~ A written statement from the ~~EMT's~~ EMCT's administrative medical director attesting that the ~~EMT~~ EMCT is able to perform at the lower EMCT classification level ~~of certification~~ requested; or
 - ~~b.ii.~~ If applying for continued certification as an ~~EMT-B EMT~~, an Arizona ~~EMT-B EMT~~ refresher certificate of completion or an Arizona ~~EMT-B EMT~~ refresher challenge examination certificate of completion signed by the training program director designated for the Arizona ~~EMT-B EMT~~ refresher course session; or
- ~~B.2.~~ An individual who holds current and valid ~~EMT~~ certification at a level higher than ~~EMT-B~~ and who is not under investigation pursuant to A.R.S. § 36-2211 may apply for recertification Recertification at a lower EMCT classification level pursuant according to R9-25-406 R9-25-404.

~~R9-25-409, R9-25-407.~~ Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6), and 36-2211)

- A. No later than 30 days after the date an ~~EMT's~~ EMCT's name legally changes, the ~~EMT~~ EMCT shall submit to the Department:
 - 1. A completed form provided by the Department containing:
 - a. The name under which the ~~EMT~~ EMCT is currently certified by the Department;
 - b. The ~~EMT's~~ EMCT's address, telephone number, and Social Security number; and
 - c. The ~~EMT's~~ EMCT's new name; and
 - 2. Documentation showing that the name has been legally changed.
- B. No later than 30 days after the date an ~~EMT's~~ EMCT's address changes, the ~~EMT~~ EMCT shall submit to the Department a completed form provided by the Department containing:
 - 1. The ~~EMT's~~ EMCT's name, telephone number, and Social Security number; and
 - 2. The ~~EMT's~~ EMCT's new address.
- C. An ~~EMT~~ EMCT shall notify the Department in writing no later than 10 days after the date the ~~EMT~~ EMCT:
 - 1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
 - 2. Is convicted of:
 - ~~a.~~ a A crime ~~listed specified~~ in R9-25-402(A)(2),
 - ~~b.~~ a A misdemeanor involving moral turpitude,
 - ~~c.~~ or a A felony in this state or any other state or jurisdiction, or
 - ~~d.~~ A misdemeanor specified in R9-25-402(E);
 - ~~3.~~ Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;
 - ~~4.3.~~ Has registration revoked or suspended by ~~NREMT~~ a national certification organization; or
 - ~~5.4.~~ Has ~~EMT~~ certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.

~~R9-25-410, R9-25-408.~~ EMT Standards of Practice Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and (G), 36-2204(1), (6), and (7), ~~36-2205~~, and 36-2211)

An ~~EMT~~ shall act as an ~~EMT~~ only:

- ~~1.~~ As authorized under the ~~EMT's~~ scope of practice as identified under Article 5 of this Chapter; and
 - ~~2.~~ For an ~~EMT~~ required to have medical direction pursuant to A.R.S. Title 36, Chapter 21.1 and R9-25-201, as authorized under:
 - ~~a.~~ Treatment protocols, triage protocols, and communication protocols approved by the ~~EMT's~~ administrative medical director; and
 - ~~b.~~ Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the ~~EMT's~~ administrative medical director.
- A. For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMCT that is contrary to the recognized standards or ethics of the Emergency Medical Technician profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including:
- 1. Impersonating an EMCT of a higher level of certification or impersonating a health professional as defined in A.R.S. § 32-3201;
 - 2. Permitting or allowing another individual to use the EMCT's certification for any purpose;
 - 3. Aiding or abetting an individual who is not certified according to this Chapter in acting as an EMCT or in represent-

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ing that the individual is certified as an EMCT:

4. Engaging in or soliciting sexual relationships, whether consensual or non-consensual, with a patient while acting as an EMCT;
 5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMCT;
 6. Making false or materially incorrect entries in a medical record or willful destruction of a medical record;
 7. Failing or refusing to maintain adequate records on a patient;
 8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
 9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMCT certification or EMCT recertification contained in this Article, including the requirements established for:
 - a. Completing and passing a course provided by a training program; and
 - b. The national certification organization examination process and national certification organization registration process;
 10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
 11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;
 12. Being convicted of a misdemeanor identified in R9-25-402(E), which has not been absolutely discharged, expunged, or vacated;
 13. Having national certification organization registration revoked or suspended by the national certification organization for material noncompliance with national certification organization rules or standards; and
 14. Having certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.
- B.** Under A.R.S. § 36-2211, physical or mental incompetence of an EMCT is the EMCT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.
- C.** Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMCT's willful act or willful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.

~~R9-25-411, R9-25-409, Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and (G), 36-2204(1), (6), and (7), and 36-2211)~~

- ~~A.~~** ~~For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMT that is contrary to the recognized standards or ethics of the EMT profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including but not limited to:~~
- ~~1. Impersonation of an EMT of a higher level of certification or impersonation of a health professional as defined in A.R.S. § 323201;~~
 - ~~2. Permitting or allowing another individual to use the EMT certification for any purpose;~~
 - ~~3. Aiding or abetting an individual who is not certified pursuant to this Chapter in acting as an EMT or in representing that the individual is certified as an EMT;~~
 - ~~4. Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, with a patient while acting as an EMT;~~
 - ~~5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMT;~~
 - ~~6. Making false or materially incorrect entries in a medical record or willful destruction of a medical record;~~
 - ~~7. Failing or refusing to maintain adequate records on a patient;~~
 - ~~8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;~~
 - ~~9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMT certification or EMT recertification contained in this Article, including the requirements established for:~~
 - ~~a. Completing and passing a course provided by a training program; and~~
 - ~~b. The NREMT examination process and NREMT registration process;~~
 - ~~10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;~~
 - ~~11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;~~
 - ~~12. Being convicted of a misdemeanor identified in R9-25-403(A), which has not been absolutely discharged, expunged, or vacated;~~
 - ~~13. Having NREMT registration revoked or suspended by NREMT for material noncompliance with NREMT rules or standards; and~~
 - ~~14. Having EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.~~
- ~~B.~~** ~~Under A.R.S. § 36-2211, physical or mental incompetence of an EMT is the EMT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.~~

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- ~~C.~~ Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMT's willful act or willful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.
- A.** If the Department determines that an applicant or EMCT is not in substantial compliance with applicable laws and rules, under A.R.S. §§ 36-2204 or 36-2211, the Department may:
 - 1. Take the following action against an applicant or EMCT:
 - a. After notice is provided according to A.R.S. § 36-2211 and, if applicable, A.R.S. Title 41, Chapter 6, Article 10, issue:
 - i. A decree of censure to the EMCT, or
 - ii. An order of probation to the EMCT; or
 - b. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:
 - i. Deny an application,
 - ii. Suspend the EMCT's certificate, or
 - iii. Revoke the EMCT's certificate; and
 - 2. Assess civil penalties against the EMCT.
- B.** In determining which action in subsection (A) is appropriate, the Department shall consider:
 - 1. Prior disciplinary actions;
 - 2. The time interval since a prior disciplinary action, if applicable;
 - 3. The applicant's or EMCT's motive;
 - 4. The applicant's or EMCT's pattern of conduct;
 - 5. The number of offenses;
 - 6. Whether the applicant or EMCT failed to comply with instructions from the Department;
 - 7. Whether interim rehabilitation efforts were made by the applicant or EMCT;
 - 8. Whether the applicant or EMCT refused to acknowledge the wrongful nature of the misconduct;
 - 9. Whether the applicant or EMCT made timely and good-faith efforts to rectify the consequences of the misconduct;
 - 10. The submission of false evidence, false statements, or other deceptive practices during an investigation or disciplinary process;
 - 11. The vulnerability of a patient or other victim of the applicant's or EMCT's conduct, if applicable; and
 - 12. How much control the applicant or EMCT had over the processes or situation leading to the misconduct.

R9-25-410. Renumbered

R9-25-411. Renumbered

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

R9-25-501. Protocol for Administration of a Tuberculin Skin Test by an EMT-I(99) or EMT-P Definitions

- A.** After meeting the training requirement in subsection (B), an EMT-I(99) or EMT-P may administer a tuberculin skin test.
- B.** An EMT-I(99) or EMT-P shall not administer a tuberculin skin test until the EMT-I(99) or EMT-P has completed training that:
 - 1. Includes at least two clock hours covering:
 - a. The supplies needed to perform tuberculin skin testing;
 - b. Storage and handling of tuberculin solution, including the need to verify that the tuberculin solution is the correct strength, is not expired, and was not opened more than 30 days before tuberculin skin testing;
 - c. Preparation of an individual for tuberculin skin testing, including:
 - i. Verifying the individual's identity;
 - ii. Determining whether the individual has any allergies or contraindications for tuberculin skin testing; and
 - iii. Verifying that the individual is available to report to a specific location to have the tuberculin skin test read within 48-72 hours after the tuberculin skin test is administered;
 - d. Administration of the tuberculin skin test, including preparation of the test site, preparation of the appropriate dosage, and the technique for administration;
 - e. Documentation of tuberculin skin test administration;
 - f. Post-administration instructions to be provided to an individual being tested; and
 - g. A practical skills exercise that includes performance of the skill using sterile saline in the arm of a volunteer;
 - 2. Includes a post-training written evaluation and a practical skills evaluation to ensure that the EMT-I(99) or EMT-P demonstrates competency in the subject matter listed in subsection (B)(1) and in correctly administering a tuberculin skin test, with a score of at least 80% required to demonstrate competency on the written evaluation; and
 - 3. Is approved by the EMT-I(99)'s or EMT-P's administrative medical director.
- C.** An EMT-I(99) or EMT-P who completes the tuberculin skin test training required in subsection (B) shall submit written evidence to each emergency medical services provider or ambulance service the EMT-I(99) or EMT-P is employed by or volunteers for, that the EMT-I(99) or EMT-P has completed the tuberculin skin test training required in subsection (B); that includes:

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1. ~~The name of the tuberculin skin test training;~~
2. ~~The date the tuberculin skin test training was completed, and~~
3. ~~A signed and dated attestation from the administrative medical director that the tuberculin skin test training is approved by the administrative medical director.~~

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. “ALS skill” means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in Table 5.1 under AEMT, EMT-I(99), or Paramedic, but not under EMT.
2. “Immunizing agent” means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

R9-25-502. Scope of Practice for EMCTs

~~A.~~ In this Section:

1. ~~“AEMT” means the same as “advanced emergency medical technician” in A.R.S. § 36-2201.~~
2. ~~“ALS” means the same as “advanced life support” in A.R.S. § 36-2201.~~
3. ~~“ALS skill” means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in Table 5.1 under AEMT, EMT-I(99), or Paramedic but not under EMT.~~
4. ~~“EMCT” means the same as “emergency medical care technician” in A.R.S. § 36-2201.~~
5. ~~“EMT” means the same as “emergency medical technician” in A.R.S. § 36-2201.~~
6. ~~“Paramedic” means the same as in A.R.S. § 36-2201.~~
7. ~~“STR” means “Specialty Training Requirement,” a skill for which an EMCT needs specific training beyond the training required in 9 A.A.C. 25, Article 4 in order to perform.~~

~~B.A.~~ An EMCT shall perform a medical treatment, procedure, or technique or administer a medication only:

1. If the skill is within the EMCT’s scope of practice skills, as specified in Table 5.1;
2. For an ALS skill:
 - a. If authorized for the EMCT by the EMCT’s administrative medical director, and
 - b. ~~Under~~ If the EMCT is able to receive on-line medical direction;
3. For a STR skill indicated by “STR” in Table 5.1:
 - a. ~~If the EMCT has received and maintains~~ documentation of having completed training specific to the skill that is consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov;
 - b. If authorized for the EMCT by the EMCT’s administrative medical director; and
 - c. ~~Under~~ If the EMCT is able to receive on-line medical direction; and
4. If the medication is listed as an agent in Table 5.2, Table 5.3, or Table 5.4 under the classification for which the EMCT is certified;
5. If the EMCT is authorized to administer the medication by the:
 - a. EMCT’s administrative medical director, if applicable; or
 - b. If the EMCT is an EMT with no administrative medical director, emergency medical services provider or ambulance service by which the EMCT is employed or for which the EMCT volunteers; and
- 4.6. In a manner consistent with R9-25-410 standards described in R9-25-408 and, if applicable, with the training in 9 A.A.C. 25, Article 4 3.

~~C.B.~~ An administrative medical director:

1. Shall:
 - a. Ensure that an EMCT has completed training in administration or monitoring of an agent before authorizing the EMCT to administer or monitor the agent;
 - ~~a.b.~~ Ensure that an EMCT has competency in an ALS skill before authorizing the EMCT to perform the ALS skill;
 - ~~b.c.~~ Before authorizing an EMCT to perform a STR skill indicated by “STR” in Table 5.1, ensure that the EMCT has:
 - i. Completed training specific to the skill, consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov; and
 - ii. Demonstrated competency in the skill;
 - ~~e.d.~~ Periodically thereafter assess an EMCT’s competency in an authorized ALS skill and STR skill indicated by “STR” in Table 5.1, according to policies and procedures required in R9-25-201(C)(3)(b)(viii), to ensure continued competency; and
 - ~~d.e.~~ Document the EMCT’s:
 - i. Completion of training in administration or monitoring of an agent required in subsection (B)(1)(a).
 - ~~i-ii.~~ Competency in performing an ALS skill required in subsection (C)(1)(a) (B)(1)(b),
 - ~~ii-iii.~~ Specific training required in subsection (C)(1)(b)(i) (B)(1)(c)(i) and competency required in subsection (C)(1)(b)(ii) (B)(1)(c)(ii), and
 - ~~iii-iv.~~ Periodic reassessment required in subsection (C)(1)(e) (B)(1)(d); and
 - f. Maintain documentation of an EMCT’s completion of training in administration or monitoring of an agent and

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- competency in performing an authorized ALS skill or STR skill; and
2. May authorize an EMCT to perform all of the ALS skills in Table 5.1 for the applicable level of EMCT or restrict the EMCT to a subset of the ALS skills in Table 5.1 for the applicable level of EMCT.

Table 5.1. Arizona Scope of Practice Skills

KEY:

✓ = Arizona Scope of Practice skill

STR = ~~Specialty Training Requirement: Skill requires specific specialty training with medical director authorization and involvement~~ **STR skill**

* =Already intubated

Airway/Ventilation/Oxygenation	EMT	AEMT	EMT-I(99)	Paramedic
Airway- esophageal	STR	✓	✓	✓
Airway- supraglottic	STR	✓	STR ✓	✓
Airway- nasal	✓	✓	✓	✓
Airway- oral	✓	✓	✓	✓
<u>Automated transport ventilator</u>	<u>STR</u>	<u>STR</u>	<u>✓</u>	<u>✓</u>
Bag-valve-mask (BVM)	✓	✓	✓	✓
BiPAP/CPAP				✓
Chest decompression- needle			✓	✓
Chest tube placement- assist only				STR
Chest tube monitoring and management				STR
Cricoid pressure (Sellick's maneuver)	✓	✓	✓	✓
Cricothyrotomy- needle			STR	✓
Cricothyrotomy- percutaneous			STR	✓
Cricothyrotomy- surgical			STR	STR
Demand valve- manually triggered ventilation	✓	✓	✓	✓
End tidal CO2 monitoring/capnography			✓	✓
Gastric decompression- NG tube			✓	✓
Gastric decompression- OG tube			✓	✓
Head-tilt chin lift	✓	✓	✓	✓
Intubation- nasotracheal			STR	✓
Intubation- orotracheal	STR	STR	✓	✓
Jaw-thrust	✓	✓	✓	✓
Jaw-thrust – modified (trauma)	✓	✓	✓	✓
Medication Assisted Intubation (paralytics)				STR
Mouth-to-barrier	✓	✓	✓	✓
Mouth-to-mask	✓	✓	✓	✓
Mouth-to-mouth	✓	✓	✓	✓
Mouth-to-nose	✓	✓	✓	✓
Mouth-to-stoma	✓	✓	✓	✓
Obstruction- direct laryngoscopy			✓	✓

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Obstruction- manual	✓	✓	✓	✓
Oxygen therapy- humidifiers	✓	✓	✓	✓
Oxygen therapy- nasal cannula	✓	✓	✓	✓
Oxygen therapy- non-rebreather mask	✓	✓	✓	✓
Oxygen therapy- partial rebreather mask	✓	✓	✓	✓
Oxygen therapy- simple face mask	✓	✓	✓	✓
Oxygen therapy- venturi mask	✓	✓	✓	✓
PEEP- therapeutic			✓	✓
Pulse oximetry	✓	✓	✓	✓
Suctioning- upper airway	✓	✓	✓	✓
Suctioning- tracheobronchial		✓*	✓	✓
Automated transport ventilator	STR	STR	✓	✓
Cardiovascular/Circulation	EMT	AEMT	EMT-I (99)	Paramedic
Cardiac monitoring- multiple lead (interpretive)			✓	✓
Cardiac monitoring- single lead (interpretive)			✓	✓
Cardiac - multiple lead acquisition (non-interpretive)	STR	STR	✓	✓
Cardiopulmonary resuscitation	✓	✓	✓	✓
Cardioversion- electrical			✓	✓
Carotid massage – (≤17 years)			STR	STR
Defibrillation- automatic/semi-automatic	✓	✓	✓	✓
Defibrillation- manual			✓	✓
Hemorrhage control- direct pressure	✓	✓	✓	✓
Hemorrhage control- tourniquet	✓	✓	✓	✓
Internal; cardiac pacing- monitoring only			✓	✓
Mechanical CPR device	STR	STR	STR	STR
Transcutaneous pacing- manual			✓	✓
Immobilization	EMT	AEMT	EMT-I (99)	Paramedic
Spinal immobilization- cervical collar	✓	✓	✓	✓
Spinal immobilization- long board	✓	✓	✓	✓
Spinal immobilization- manual	✓	✓	✓	✓
Spinal immobilization- seated patient (KED, etc.)	✓	✓	✓	✓
Spinal immobilization- rapid manual extrication	✓	✓	✓	✓
Extremity stabilization- manual	✓	✓	✓	✓
Extremity splinting	✓	✓	✓	✓
Splint- traction	✓	✓	✓	✓
Mechanical patient restraint	✓	✓	✓	✓
Emergency moves for endangered patients	✓	✓	✓	✓

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Medication administration - routes	EMT	AEMT	EMT-I (99)	Paramedic
<u>Aerosolized/nebulized (beta agonist)</u>	<u>STR</u>	✓	✓	✓
Assisting patient with his/her own pre-scribed medications (aerosolized/nebulized)	✓	✓	✓	✓
Assisting patient with his/her own pre-scribed medications (ASA/Nitro)	✓	✓	✓	✓
Aerosolized/nebulized (beta agonist) Assisting patient with his/her own pre-scribed medications (auto-injector)	STR ✓	✓	✓	✓
<u>Auto-injector (self or peer)</u>	✓	✓	✓	✓
Buccal	STR	✓	✓	✓
Endotracheal tube			✓	✓
Inhaled self-administered (nitrous oxide)		✓	✓	✓
Intradermal			<u>STR</u>	↔ <u>STR</u>
Intramuscular		✓	✓	✓
Intranasal		✓	✓	✓
Intravenous push		✓	✓	✓
Intravenous piggyback			✓	✓
Intraosseous		STR	✓	✓
Nasogastric				✓
Oral	✓	✓	✓	✓
Rectal		STR	✓	✓
<u>Small volume nebulizer</u>	<u>STR</u>	✓	<u>STR</u> ✓	<u>STR</u> ✓
Subcutaneous		✓	✓	✓
Sublingual		✓	✓	✓
Auto-injector (self or peer)	↔	↔	↔	↔
Auto-injector (patient's own pre-scribed medications)	↔	↔	↔	↔
IV initiation/maintenance fluids	EMT	AEMT	EMT-I (99)	Paramedic
Access indwelling catheters and implanted central IV ports				✓
Central line- monitoring				✓
Intraosseous- initiation		✓	✓	✓
Intravenous access		✓	✓	✓
Intravenous initiation- peripheral	STR	✓	✓	✓
Intravenous- maintenance of non-medicated IV fluids <u>or capped access</u>	✓	✓	✓	✓
Intravenous- maintenance of medicated IV fluids			✓	✓
Umbilical initiation				STR
Miscellaneous	EMT	AEMT	EMT-I (99)	Paramedic
Assisted delivery (childbirth)	✓	✓	✓	✓
Assisted complicated delivery (childbirth)	✓	✓	✓	✓

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Blood glucose monitoring	✓	✓	✓	✓
Blood pressure- automated	✓	✓	✓	✓
Blood pressure- manual	✓	✓	✓	✓
Eye irrigation	✓	✓	✓	✓
Eye irrigation (Morgan lens)				STR
Thrombolytic therapy- initiation				STR
Urinary catheterization				STR
Venous blood sampling			✓	✓
Blood chemistry analysis				STR
Inter-facility med transport list, including pump administration Use/monitoring of agents specified in Table 5.4 during interfacility transports			STR	STR
Use/monitoring of infusion pump for agent administration during interfacility transports			STR	STR

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents Repealed

KEY:

A = Authorized to administer the agent

AL = Authorization to administer the agent is limited to use in a successfully intubated patient

HF = Only authorized as a topical antidote for possible exposure to hydrofluoric acid

E = Only authorized to administer or assist in patient self-administration of the agent in the case of an emergency involving a neurological toxin which is confirmed or suspected by an EMT, except as provided in R9-25-507

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

TA = Transport agent for an EMT with the specified certification

IFIP = Agent shall be administered by infusion pump on interfacility transports

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler

* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet

*** = An EMT-B may administer if authorized under R9-25-505

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99)	EMT-B-EMT
Adenosine	30 mg	A	A	-
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	-
Amiodarone IFIP	Optional [300 mg]	A	-	-
Antibiotics	None	TA	TA	-
Aspirin	324 mg	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	-
Atropine Sulfate Auto-Injector	None	A	A	E
Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector	None	E	E	E
Blood	None	TA	-	-
Bronchodilator, inhaler	None	PA	PA	PA

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Calcium Chloride	1 g	A	-	-
Calcium Gluconate, 2.5% topical gel	Optional [50 g]	HF	HF	HF
Charcoal, Activated (with-out sorbitol)	Optional [50 g]	A	A	A
Colloids	None	TA	TA	-
CorticosteroidsIP	None	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	-
Dextrose	50 g	A	A	-
Dextrose, 5% in H2O	Optional [250 mL bag (1)]	A	A	M***
Diazepam or Lorazepam or Midazolam	20 mg 8mg 10mg	A A A	A A A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	-
Diltiazem IP or Verapamil HCl	25 mg 10 mg	A A	- -	-
Diphenhydramine HCl	50 mg	A	A	-
Diuretics	None	TA	TA	-
Dopamine HClIP	400 mg	A	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors** 2 pediatric auto-injectors**	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	-
Epinephrine HCl, 1:10,000	5 mg	A	A	-
Etomidate	Optional [40 mg]	A	-	-
Fosphenytoin NaIP or Phenytoin NaIP	None None	TA TA	- -	-
Furosemide or Bumetanide	100 mg 4 mg	A A	A A	-
GlucagonIP	2 mg	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	-	-
H2 Blockers	None	TA	TA	-
Heparin NaIP	None	TA	-	-
Immunizing Agent	Optional	A	A	-
Ipratropium Bromide 0.02% SVN or MDI	5 mL	A	A	-
Lactated Ringers	1 L bag (2)	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	-
Magnesium SulfateIP	5 g	A	-	-
Methylprednisolone	250 mg	A	A	-
Sodium Succinate				
Morphine Sulfate or Fentanyl	20 mg 200-g	A A	A A	-
Nalmefene HCl	Optional [4 mg]	A	A	-
Naloxone HCl	10 mg	A	A	-
Nitroglycerin IV SolutionIP	None	TA	-	-

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Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O2 fail safe device and self administration mask, 1 setup]	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	M***
Ondansetron HCl	Optional [4 mg]	A	A	-
Oxygen	13 cubic feet**	A	A	A
Oxytocin	Optional [10 units]	A	A	-
Phenobarbital NaIP	None	TA	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	-
Potassium SaltsIP	None	TA	-	-
Pralidoxime Chloride Auto-Injector	None	E	E	E
Procainamide HClIP	None	TA	-	-
Racemic EpinephrineSVN	None	TA	-	-
Rocuronium	Optional [100 mg]	AL	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-
Theophylline IP	None	TA	-	-
Thiamine HCl	100 mg	A	A	-
Total Parenteral Nutrition, with or without lipidsIP	None	TA	-	-
Tuberculin PPD	Optional [5 cc]	A	A	-
Vasopressin	Optional [40 units]	A	-	-
Vitamins	None	TA	TA	-

Table 5.2. Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

- A ≡ Authorized to administer the agent
- SVN ≡ Agent shall be administered by small volume nebulizer
- MDI ≡ Agent shall be administered by metered dose inhaler
- * ≡ Authorized to assist in patient self-administration
- [] ≡ Minimum supply required if an EMS provider chooses to make the optional agent available for EMCT administration

<u>AGENT</u>	<u>MINIMUM SUPPLY</u>	<u>EMT</u>	<u>AEMT</u>	<u>EMT-I (99)</u>	<u>Paramedic</u>
Adenosine	18 mg	-	-	A	A
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	A	A
Amiodarone or Lidocaine	300 mg or 3 prefilled syringes, total of 300 mg and 1 g vials or pre-mixed infusion, total of 2 g	-	-	-	A
Aspirin	324 mg	-	-	A	A
Atropine Sulfate	3 prefilled syringes, total of 3 mg	A	A	A	A

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<u>Atropine Sulfate</u>	Optional [8 mg multidose vial (1)]	-	-	A	A
<u>Atropine Sulfate Auto-Injector</u>	None	A	A	A	A
<u>Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector</u>	None	A	A	A	A
<u>Calcium Chloride</u>	1 g	-	-	-	A
<u>Calcium Gluconate, 2.5% topical gel</u>	Optional [50 g]	A	A	A	A
<u>Charcoal, Activated (without sorbitol)</u>	Optional [50 g]	A	A	A	A
<u>Cyanokit</u>	Optional [5 g]	-	-	-	A
<u>Dexamethasone</u>	Optional [8 mg]	-	-	A	A
<u>Dextrose</u>	50 g	-	A	A	A
<u>Dextrose, 5% in H2O</u>	Optional [250 mL bag (1)]	A	A	A	A
<u>Diazepam</u> or <u>Lorazepam</u> or <u>Midazolam</u>	20 mg 8 mg 10 mg	-	-	A	A
<u>Diazepam Rectal Delivery Gel</u>	Optional [20 mg]	-	-	A	A
<u>Diltiazem</u> or <u>Verapamil HCl</u>	25 mg 10 mg	-	-	-	A
<u>Diphenhydramine HCl</u>	50 mg	-	-	A	A
<u>Dopamine HCl</u>	400 mg	-	-	-	A
<u>Epinephrine Auto-Injector</u>	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A
<u>Epinephrine HCl, 1:1,000</u>	2 mg	-	A	A	A
<u>Epinephrine HCl, 1:1,000</u>	Optional [30 mg multidose vial (1)]	-	A	A	A
<u>Epinephrine HCl, 1:10,000</u>	5 mg	-	-	A	A
<u>Etomidate</u>	Optional [40 mg]	-	-	-	A
<u>Furosemide</u> or <u>Bumetanide</u>	Optional [100 mg] Optional [4 mg]	-	-	A	A
<u>Glucagon</u>	2 mg	-	A	A	A
<u>Glucose, oral</u>	Optional [30 gm]	A	A	A	A
<u>Immunizing Agent</u>	Optional	-	-	A	A
<u>Ipratropium Bromide 0.02% SVN or MDI</u>	5 mL	-	-	A	A
<u>Lactated Ringers</u>	1 L bag (2)	A	A	A	A
<u>Magnesium Sulfate</u>	5 g	-	-	-	A
<u>Methylprednisolone Sodium Succinate</u>	250 mg	-	-	A	A
<u>Morphine Sulfate</u> or <u>Fentanyl</u>	20 mg 200 mcg	-	A	A	A
<u>Nalmefene HCl</u>	Optional [4 mg]	-	A	A	A
<u>Naloxone HCl</u>	10 mg	-	A	A	A
<u>Nitroglycerin Sublingual Spray</u> or <u>Nitroglycerin Tablets</u>	1 bottle 1 bottle	*	A	A	A
<u>Normal Saline</u>	1 L bag (2) Optional [250 mL bag (1)] Optional [50 mL bag (2)]	A	A	A	A
<u>Ondansetron HCl</u>	Optional [4 mg]	-	-	A	A
<u>Oxygen</u>	13 cubic feet	A	A	A	A
<u>Oxytocin</u>	Optional [10 units]	-	-	A	A
<u>Phenylephrine Nasal Spray 0.5%</u>	Optional 1 bottle	-	-	A	A

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<u>Pralidoxime Chloride Auto-Injector</u>	None	A	A	A	A
<u>Rocuronium</u>	Optional [100 mg]	-	-	-	A
<u>Sodium Bicarbonate 8.4%</u>	Optional [100 mEq]	-	-	A	A
<u>Succinylcholine</u>	Optional [400 mg]	-	-	-	A
<u>Thiamine HCl</u>	100 mg	-	-	A	A
<u>Tuberculin PPD</u>	Optional [5 mL]	-	-	A	A
<u>Vasopressin</u>	Optional [40 units]	-	-	-	A

Table 5.3. Agents Eligible for Authorization for Administration During a Hazardous Material Incident

KEY:

[] ≡ Minimum supply required if an EMS provider chooses to make the optional agent available for Paramedic administration

<u>Dug Preparation</u>	<u>Minimum Supply</u>
<u>Activated Charcoal</u>	Optional [as determined by administrative medical director]
<u>Albuterol</u>	Optional [as determined by administrative medical director]
<u>Amyl Nitrite Inhalants</u>	Optional [as determined by administrative medical director]
<u>Atropine</u>	Optional [as determined by administrative medical director]
<u>Atrovent</u>	Optional [as determined by administrative medical director]
<u>Calcium Carbonate</u>	Optional [as determined by administrative medical director]
<u>Calcium Gluconate</u>	Optional [as determined by administrative medical director]
<u>CyanoKit (Hydroxocobalamin)</u>	Optional [as determined by administrative medical director]
<u>Dextrose 50%</u>	Optional [as determined by administrative medical director]
<u>Diazepam</u>	Optional [as determined by administrative medical director]
<u>DuoDote Auto Injector</u>	Optional [as determined by administrative medical director]
<u>Glucagon</u>	Optional [as determined by administrative medical director]
<u>Methylene Blue</u>	Optional [as determined by administrative medical director]
<u>Neosynephrine</u>	Optional [as determined by administrative medical director]
<u>Propranolol</u>	Optional [as determined by administrative medical director]
<u>Protopam Chloride (pralidoxime)</u>	Optional [as determined by administrative medical director]
<u>Pyridoxine</u>	Optional [as determined by administrative medical director]
<u>Sodium Chloride .95</u>	Optional [as determined by administrative medical director]
<u>Sterile Water</u>	Optional [as determined by administrative medical director]
<u>Tetracaine</u>	Optional [as determined by administrative medical director]

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Table 5.4. Eligibility for Authorization to Administer and Monitor Transport Agents During Interfacility Transports, by EMCT Classification; Administration Requirements

KEY:

- TA ≡ Transport agent for an EMCT with the specified certification
- IP ≡ Agent shall be administered by infusion pump
- SVN ≡ Agent shall be administered by small volume nebulizer

<u>AGENT</u>	<u>MINIMUM SUPPLY</u>	<u>EMT</u>	<u>AEMT</u>	<u>EMT-I (99)</u>	<u>Paramedic</u>
Amiodarone IP	None	-	-	-	TA
Antibiotics	None	-	-	TA	TA
Blood	None	-	-	-	TA
Calcium Chloride	None	-	-	-	TA
Colloids	None	-	-	TA	TA
Corticosteroids IP	None	-	-	TA	TA
Diltiazem IP	None	-	-	-	TA
Diuretics	None	-	-	TA	TA
Dopamine HCl IP	None	-	-	-	TA
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA
Epinephrine IP	None	-	-	TA	TA
Fentanyl IP	None	-	-	TA	TA
Fosphenytoin Na IP or Phenytoin Na IP	None	-	-	-	TA
Glucagon	None	-	-	TA	TA
Glycoprotein IIb/IIIa Inhibitors	None	-	-	-	TA
H2 Blockers	None	-	-	TA	TA
Heparin Na IP	None	-	-	-	TA
Insulin IP	None	-	-	-	TA
Levophed IP	None	-	-	-	TA
Lidocaine IP	None	-	-	TA	TA
Magnesium Sulfate IP	None	-	-	-	TA
Midazolam IP	None	-	-	TA	TA
Morphine IP	None	-	-	TA	TA
Nitroglycerin IV Solution IP	None	-	-	-	TA
Phenobarbital Na IP	None	-	-	-	TA
Potassium Salts IP	None	-	-	-	TA
Procainamide HCl IP	None	-	-	-	TA
Propofol IP	None	-	-	-	TA
Racemic Epinephrine SVN	None	-	-	-	TA
Total Parenteral Nutrition, with or without lipids IP	None	-	-	-	TA
Vitamins	None	-	-	TA	TA

~~R9-25-506.~~ R9-25-503. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMT EMCT

- A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMT EMCT or an emergency medical services provider.
- B. Before authorizing any test and evaluation pursuant according to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).
- C. The Department director shall consider approval of a test and evaluation conducted pursuant according to subsection (A), only if a written request for testing and evaluation:
 - 1. Is submitted to the Department director from:
 - a. The Department,
 - b. A state agency other than the Department,
 - c. A political subdivision of this state,
 - d. An EMT EMCT,

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- e. An emergency medical services provider,
 - f. An ambulance service, or
 - g. A member of the public; and
2. Includes:
- a. A cover letter, signed and dated by the individual making the request;
 - b. An identification of the person conducting the test and evaluation;
 - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
 - d. An explanation of the reasons for and the benefits of the test and evaluation;
 - e. The scope of the test and evaluation, including the:
 - i. Projected number of individuals, ~~EMTs~~ EMCTs, emergency medical services providers, or ambulance services involved; and
 - ii. Proposed length of time required to complete the test and evaluation; and
 - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D. The Department director shall approve a test and evaluation if:
- 1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
 - 2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
 - 3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
 - a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
 - b. Improve patient care; or
 - c. Benefit the public's health, safety, or welfare.
- E. Within 180 days ~~of~~ after receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.
- F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
- 1. An identification of the test and evaluation;
 - 2. A detailed evaluation of the test; and
 - 3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

R9-25-504. Protocol for Selection of a Health Care Institution for ~~Emergency Medical Patient~~ Transport

~~A. In this Section:~~

- ~~1. "Emergency receiving facility" means the same as in A.R.S. § 36-2201.~~
- ~~2. "Transfer care" means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.~~
- ~~3. "Special hospital" means the same as in A.A.C. R9-10-201.~~

~~B.A. Except as provided in subsection (B), an EMT an EMCT shall, except as provided in subsection (C), transport an emergency medical patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to:~~

- ~~1. An emergency receiving facility, or~~
- ~~2. A special hospital that is physically connected to an emergency receiving facility.~~

~~C. Under A.R.S. §§ 36-2205(E) and 36-2232(F), an EMT who responds to an emergency medical patient who has accessed 9-1-1 or a similar public dispatch number may refer, advise, or transport the emergency medical patient to the most appropriate health care institution, if the EMT:~~

- ~~1. Determines, based upon medical direction, that the emergency medical patient's condition does not pose an immediate threat to life or limb;~~
- ~~2. Provides the emergency medical patient with a written list of health care institutions that are available to deliver emergency medical care to the emergency medical patient. The list shall:
 - ~~a. Include the name, address, and telephone number of each health care institution;~~
 - ~~b. If a health care institution is licensed under A.R.S. Title 36, Chapter 4, identify the classification or subclassification of the health care institution assigned under 9 A.A.C. 10; and~~
 - ~~e. Only include a health care institution that the administrative medical director has determined is able to accept an emergency medical patient; and~~~~
- ~~3. Determines, based upon medical direction, the health care institution to which the emergency medical patient may be, based on the following:
 - ~~a. The patient's:~~~~

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- i. ~~Medical condition;~~
- ii. ~~Choice of health care institution, and~~
- iii. ~~Health care provider; and~~
- b. ~~The location of the health care institution and the emergency medical resources available at the health care institution.~~

B. Under A.R.S. §§ 36-2205(D) and 36-2232(F), an EMCT who responds to a call made to 9-1-1 or a similar public emergency dispatch number may refer, advise, or transport the patient at the scene to a health care institution other than a health care institution specified in subsection (A), if the EMCT determines that:

- 1. The patient's condition does not pose an immediate threat to life or limb, based on on-line medical direction; and
- 2. The health care institution is the most appropriate for the patient, based on the following:
 - a. The patient's:
 - i. Medical condition,
 - ii. Choice of health care institution, and
 - iii. Health care provider;
 - b. The location of the health care institution and the emergency medical resources available at the health care institution; and
 - c. A determination by the administrative medical director that the health care institution is able to accept and capable of treating the patient.

~~**D.C.** Before initiating transport of an emergency medical patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number, an EMT EMCT, emergency medical services provider, or ambulance service shall:~~

- 1. ~~notify Notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMT's EMCT's intent to transport the emergency medical patient to the health care institution; and~~
- 2. ~~Receive confirmation of the willingness of the health care institution to accept the patient.~~

~~**E.D.** An EMT EMCT transporting an emergency medical patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to a health care institution that is not an emergency receiving facility shall transfer care of the emergency medical patient to a designee authorized by:~~

- 1. ~~A physician licensed under A.R.S. Title 32, Chapter 13 or 17;~~
- 2. ~~A registered nurse practitioner,~~
- 2.3. ~~A physician assistant licensed under A.R.S. Title 32, Chapter 25;~~ or
- 3.4. ~~A registered nurse licensed under A.R.S. Title 32, Chapter 15.~~

~~**F.** Before implementing this rule, an emergency medical services provider or an ambulance service shall notify the Department in writing of the intent to implement the rule.~~

~~**G.E.** An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of an emergency medical patient under subsections (C), (D), and (E) (B), (C), and (D).~~

R9-25-505. Protocol for IV Access by an EMT-B

- A.** In this Section, unless the context otherwise requires, "EMS provider agency" means the emergency medical services provider or the ambulance service for whom the EMT-B is acting as an EMT-B.
- B.** An EMT-B is authorized to perform IV access only after completing training that meets all requirements established in Exhibit 1.
- C.** Before performing IV access, an EMT-B trained in IV access shall have received prior written approval from the EMT-B's EMS provider agency and from an administrative medical director who agrees to provide medical direction for the EMT-B.
- D.** An EMT-B shall perform IV access only under "on line" medical direction, under standing orders approved by the administrative medical director, or under the direction of a currently certified EMT-I or EMT-P who is also attending the patient upon whom the EMT-B is to perform the procedure.
- E.** The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's IV access attempts.
- F.** An EMT-B trained in this optional procedure shall have a minimum of 5 IV starts per year. If less than 5, the EMT-B shall participate in a supervised base hospital clinical experience in which to obtain the minimum of 5 IV starts.

~~**R9-25-503. R9-25-505. Protocol for an EMT EMT-I(99) or a Paramedic to Become Eligible to Administer, Monitor, or Assist in Patient Self Administration of an Agent an Immunizing Agent**~~

- ~~**A.** An EMT may administer an agent to a patient or other individual if:~~
 - 1. ~~Table 1 indicates that an EMT with the certification held by the EMT may administer the agent;~~
 - 2. ~~The EMT's administration of the agent complies with any requirements included in this Article related to administration of the agent;~~
 - 3. ~~The EMT is authorized to administer the agent by:~~

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- a. ~~The EMT's administrative medical director; or~~
- b. ~~For an EMT-B who does not have an administrative medical director, the emergency medical services provider the EMT-B is employed by or volunteers for; and~~
- 4. ~~Administering the agent to the patient or other individual is consistent with any administrative medical direction and on-line medical direction received by the EMT.~~
- B.** ~~Except as provided in subsection (F), when an EMT administers an agent, the EMT shall document the administration on a prehospital incident history report, as defined in A.R.S. § 36-2220, including at least:~~
 - 1. ~~Patient name, if available;~~
 - 2. ~~Agent name;~~
 - 3. ~~Indications for administration;~~
 - 4. ~~Dose administered;~~
 - 5. ~~Route of administration;~~
 - 6. ~~Date and time of administration; and~~
 - 7. ~~Observed patient response to administration of the agent.~~
- C.** ~~An EMT shall comply with the written standard operating procedure adopted by the emergency medical services provider the EMT is employed by or volunteers for as required under R9-25-204(F)(6) or R9-25-210(D)(3), if applicable.~~
- D.** ~~An EMT may monitor an agent listed in Table 1 if:~~
 - 1. ~~Table 1 indicates that an EMT with the certification held by the EMT may monitor or administer the agent;~~
 - 2. ~~The EMT has completed training in administration of the agent that included at least the following information about the agent:~~
 - a. ~~Class;~~
 - b. ~~Mechanism of action;~~
 - e. ~~Indications and field use;~~
 - d. ~~Contraindications;~~
 - e. ~~Adverse reactions;~~
 - f. ~~Incompatibilities and drug interactions;~~
 - g. ~~Adult dosage;~~
 - h. ~~Pediatric dosage;~~
 - i. ~~Route of administration;~~
 - j. ~~Onset of action;~~
 - k. ~~Peak effects;~~
 - l. ~~Duration of action;~~
 - m. ~~Dosage forms and packaging;~~
 - n. ~~Required Arizona minimum supply; and~~
 - o. ~~Special considerations;~~
 - 3. ~~If the agent is administered via an infusion pump, the EMT has completed training in the operation of the infusion pump;~~
 - 4. ~~If the agent is administered via a small volume nebulizer, the EMT has completed training in the operation of the small volume nebulizer; and~~
 - 5. ~~If the agent is administered via a central line, the EMT is an EMT-P.~~
- E.** ~~An EMT who completes the training required in subsections (D)(2) through (4) shall submit written evidence to each emergency medical services provider or ambulance service the EMT is employed by or volunteers for, that the EMT has completed the training required in subsections (D)(2) through (4), that includes:~~
 - 1. ~~The name of the training;~~
 - 2. ~~The date the training was completed, and~~
 - 3. ~~A signed and dated attestation from the administrative medical director that the training is approved by the administrative medical director.~~
- F.** ~~An EMT may assist in patient self-administration of an agent if:~~
 - 1. ~~Table 1 indicates that an EMT with the certification held by the EMT may administer or assist in patient self-administration of the agent;~~
 - 2. ~~The agent is supplied by the patient;~~
 - 3. ~~The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and~~
 - 4. ~~The agent is in its original container and not expired.~~
- A.** An EMT-I(99) or a Paramedic may be authorized by the EMT-I(99)'s or Paramedic's administrative medical director to administer an immunizing agent if the EMT-I(99) or Paramedic completes training that:
 - 1. Includes:
 - a. Basic immunology and the human immune response;
 - b. Mechanics of immunity, adverse effects, dose, and administration schedule of available immunizing agents;

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- c. Response to an emergency situation, such as an allergic reaction, resulting from the administration of an immunization;
- d. Routes of administration for available immunizing agents;
- e. A description of the individuals to whom an EMCT may administer an immunizing agent; and
- f. The requirements in 9 A.A.C. 6, Article 7 related to:
 - i. Obtaining written consent for administration of an immunizing agent,
 - ii. Providing immunization information and written immunization records, and
 - iii. Recordkeeping and reporting;
- 2. Requires the EMT-I(99) or Paramedic to demonstrate competency in the subject matter listed in subsection (A)(1); and
- 3. Is approved by the EMT-I(99)'s or Paramedic's administrative medical director based upon a determination that the training meets the requirements in subsections (A)(1) and (A)(2).
- B.** An administrative medical director of an EMT-I(99) or a Paramedic who completes the training required in subsection (A) shall maintain for Department review and inspection written evidence that the EMT-I(99) or Paramedic has completed the training required in subsection (A), including at least:
 - 1. The name of the training,
 - 2. The date the training was completed, and
 - 3. A signed and dated attestation from the administrative medical director that the training is approved.
- ~~**G-C.** Before administering an immunizing agent to an individual, an EMT-I(99) or ~~EMT-P~~ a Paramedic shall:~~
 - 1. ~~Receive written consent consistent with the requirements in 9 A.A.C. 6, Article 7;~~
 - 2. ~~Provide immunization information and written immunization records consistent with the requirements in 9 A.A.C. 6, Article 7; and~~
 - 3. ~~Provide documentary proof of immunity to the individual consistent with the requirements in 9 A.A.C. 6, Article 7.~~
- ~~**H.** "Immunizing agent" means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.~~
- R9-25-507. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident Repealed**
- ~~**A.** In this Section:
 - 1. ~~"Hazardous materials" has the same meaning as in A.R.S. § 26-301.~~
 - 2. ~~"Hazardous materials incident" has the same meaning as in A.R.S. § 26-301.~~
 - 3. ~~"Drug" has the same meaning as in A.R.S. § 32-1901.~~~~
- ~~**B.** An EMT-P is authorized to perform a medical treatment or administer a drug when responding to a hazardous materials incident only after meeting the hazardous materials training requirements in subsection (C) or (D).~~
- ~~**C.** An EMT-P shall complete hazardous materials training that:
 - 1. ~~Includes at least 16 clock hours covering the:~~
 - a. ~~Principles of managing a hazardous materials incident;~~
 - b. ~~Role of medical direction in the management of a hazardous materials incident;~~
 - e. ~~Human and material resources necessary for the management of a hazardous materials incident;~~
 - d. ~~Procedures and equipment necessary for personal protection in a hazardous materials incident;~~
 - e. ~~Medical monitoring of emergency workers responding to a hazardous materials incident;~~
 - f. ~~Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;~~
 - g. ~~Routes by which an emergency medical patient may be exposed to a hazardous material;~~
 - h. ~~Decontamination of an emergency medical patient exposed to a hazardous material;~~
 - i. ~~Assessment of an emergency medical patient exposed to a hazardous material, including a patient history and a physical examination of the patient;~~
 - j. ~~Medical management of an emergency medical patient exposed to each type of hazardous material;~~
 - k. ~~Possible contents of a hazardous materials drug box; and~~
 - l. ~~Pharmacokinetics of drugs which may be included in a hazardous materials drug box;~~
 - 2. ~~Requires the EMT-P to demonstrate competency in the subject matter listed in subsection (C)(1); and~~
 - 3. ~~Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (C)(1) and (C)(2).~~~~
- ~~**D.** Every 24 months after meeting the requirements in subsection (C), an EMT-P shall complete hazardous materials training that:
 - 1. ~~Includes subject matter listed in subsection (C)(1);~~
 - 2. ~~Requires the EMT-P to demonstrate competency in the subject matter completed, and~~
 - 3. ~~Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (D)(1) and (D)(2).~~~~
- ~~**E.** An administrative medical director of an EMT-P who completes hazardous materials training required in subsection (C) or (D) shall:~~

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1. ~~Maintain for Department review and inspection written evidence that the EMT-P has completed hazardous materials training required in subsection (C) or (D), including at least:~~
 - a. ~~The name of the hazardous materials training,~~
 - b. ~~The date the hazardous materials training was completed, and~~
 - c. ~~A signed and dated attestation from the administrative medical director that the hazardous materials training is approved; and~~
 2. ~~Ensure that the EMT-P submits to each emergency medical services provider or ambulance service for which the EMT-P is acting as an EMT-P, the written evidence specified in subsections (E)(1)(a) and (E)(1)(b).~~
- F. ~~An EMT-P authorized under this Section to perform a medical treatment or administer a drug when responding to a hazardous materials incident may carry and administer drugs authorized under medical direction.~~

Exhibit 1. ~~Lecture/Lab Vascular Access for EMT-Basics Repealed~~

~~Lecture/Lab~~

~~Vascular Access for EMT-Basics~~

~~Course Description:~~

~~Includes review of anatomy of the circulatory system. Skills will include peripheral intravenous cannulation techniques, fluid resuscitation, obtaining venous blood samples for laboratory analysis; infection control techniques for the safety of self and victim; complications of intravenous cannulation.~~

~~Prerequisites:~~

~~Certified EMT-Basic, under Medical Direction~~

~~Course Competencies:~~

~~This course is designed to develop the following course competencies:~~

1. ~~Identify the need for fluid resuscitation in neonate, infant, pediatric, and adult victims (I);~~
2. ~~Identify and describe the vascular anatomy and venous access for the neonate, infant, pediatric, and adult victims (II);~~
3. ~~Identify and differentiate isotonic, hypotonic, and hypertonic solutions (III);~~
4. ~~Select fluids; set up and manage equipment (IV);~~
5. ~~Identify and demonstrate aseptic and safety techniques (V);~~
6. ~~Identify and describe indications and contraindications for intravenous site selection (VI);~~
7. ~~Perform all peripheral intravenous cannulation techniques (VII);~~
8. ~~Perform blood drawing techniques (VIII);~~
9. ~~Monitor infusion (IX);~~
10. ~~Demonstrate 100% accuracy in intravenous techniques in selected scenarios (X);~~
11. ~~Demonstrate 85% proficiency on a written examination (XI).~~

Exhibit 2. ~~Course Outline Repealed~~

~~Vascular Access for EMT-Basic~~

~~COURSE OUTLINE~~

- I. ~~Indications for Vascular Access~~
 - A. ~~Restore fluid volume~~
 - B. ~~Restore and maintain electrolyte balance~~
 - C. ~~Administration of medications~~
 - D. ~~Obtaining blood specimen~~
- II. ~~Identification of common vascular sites~~
- III. ~~Intravenous Solutions~~
 - A. ~~Isotonic~~
 - B. ~~Hypotonic~~
 - C. ~~Hypertonic~~
 - D. ~~Indications for each~~

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IV. ~~Needle/Catheters and Intravenous Administration Sets~~

- ~~A. Types~~
- ~~B. Sizes~~
- ~~C. Administration sets~~
- ~~D. Set-up~~

V. ~~Asepsis and Safety~~

- ~~A. Site preparation~~
- ~~B. Universal precautions~~
- ~~C. "Sharp" disposal~~

VI. ~~Site selection~~

VII. ~~Peripheral Intravenous Cannulation~~

VIII. ~~Drawing Blood~~

- ~~A. Indication~~
- ~~B. Site preparation~~
- ~~C. Universal precautions~~
- ~~D. Labeling specimen(s)~~
- ~~E. "Sharp" disposal~~
- ~~F. Documentation~~

IX. ~~Monitoring the Intravenous Infusion~~

- ~~A. Calculation of rate of infusion~~
- ~~B. Signs and symptoms of infiltration and extravasation~~
- ~~C. Techniques for removal~~
- ~~D. Documentation~~

X. ~~Practicals~~

- ~~A. Mannequin~~
- ~~B. Human subjects~~

XI. ~~Final Written Examinations~~

R9-25-508. Protocol for an EMT-B to Perform Endotracheal Intubation Repealed

- ~~A. Endotracheal intubation performed by an EMT-B is an advanced procedure that requires medical direction.~~
- ~~B. An EMT-B is authorized to perform endotracheal intubation only after completing training that:
 1. Meets all requirements established in the EMT-B Endotracheal Intubation Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and
 2. Is approved by the EMT-B's administrative medical director.~~
- ~~C. An EMT-B shall perform endotracheal intubation as:
 1. Prescribed in the EMT-B Endotracheal Intubation Training Curriculum, and
 2. Authorized by the EMT-B's administrative medical director.~~
- ~~D. The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's performance of endotracheal intubation.~~

R9-25-510. Protocol for EMT-B Carrying and Administration of Aspirin (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209) Repealed

- ~~A. An EMT-B is authorized to carry aspirin for administration as described in subsection (B).~~
- ~~B. An EMT-B is authorized to administer aspirin only to an adult patient who is suffering from chest pain or other signs or symptoms suggestive of acute myocardial infarction.~~
- ~~C. An EMT-B's administration of aspirin to an adult patient who is suffering from chest pain or other signs or symptoms suggestive of acute myocardial infarction is not an advanced procedure that requires the EMT-B to have administrative medical direction and on-line medical direction.~~
- ~~D. For purposes of this Section, "adult" means 18 years of age or older.~~

R9-25-511. Protocol for EMT-B Use of an Esophageal Tracheal Double Lumen Airway Device (ETDLAD) (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209) Repealed

- ~~A. For an EMT-B, the ability to use an esophageal tracheal double lumen airway device (ETDLAD) is an optional skill~~

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attained by completing training for the use of an ETDLAD as prescribed in this Section.

- ~~B.~~ Use of an ETDLAD is an advanced procedure, as defined in R9-25-101, that requires an EMT-B to have administrative medical direction and the ability to receive online medical direction.
- ~~C.~~ An EMT-B shall not use an ETDLAD until the EMT-B has completed training that:
 - ~~1.~~ Includes at least four clock hours covering:
 - ~~a.~~ Respiratory anatomy and physiology;
 - ~~b.~~ Respiratory assessment and basic airway management techniques;
 - ~~c.~~ The requirements of this Section;
 - ~~d.~~ The design and function of an ETDLAD;
 - ~~e.~~ The indications and contraindications for using an ETDLAD;
 - ~~f.~~ The advantages of and potential complications from using an ETDLAD;
 - ~~g.~~ The correct technique for inserting and managing an airway with an ETDLAD; and
 - ~~h.~~ Documenting the use of an ETDLAD;
 - ~~2.~~ Includes a post-training written evaluation and a practical skills evaluation to ensure that the EMT-B demonstrates competency in the subject matter listed in subsection (C)(1) and in correctly inserting and managing an airway with an ETDLAD, with a score of at least 80% required to demonstrate competency on the written evaluation; and
 - ~~3.~~ Is approved by the EMT-B's administrative medical director.
- ~~D.~~ An EMT-B who has completed initial training as described in subsection (C) and who desires to maintain authorization to use an ETDLAD shall complete refresher training that complies with subsection (C) at least once every 24 months after completing the initial training.
- ~~E.~~ An EMT-B shall use an ETDLAD only as authorized by the EMT-B's administrative medical director.

R9-25-513. Supplemental Skill Training Instructor Requirements Repealed

- ~~A.~~ A person who provides or oversees supplemental skill training to an EMT shall ensure that each individual who serves as an instructor for the supplemental skill training either:
 - ~~1.~~ Meets the qualifications for an instructor specified in the supplemental skill training curriculum or rule; or
 - ~~2.~~ If there are not qualifications for an instructor specified in the supplemental skill training curriculum or rule, meets the following:
 - ~~a.~~ Would qualify, under R9-25-312(D), to serve as a preceptor for a course at the level of EMT certification held by the EMT; and
 - ~~b.~~ If an EMT, is authorized to perform the supplemental skill as provided under this Article.
- ~~B.~~ For purposes of this Section, "supplemental skill" means a proficiency acquired through additional training authorized under this Article.

ARTICLE 7. AIR AMBULANCE SERVICE LICENSING

R9-25-701. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article and in Article 8 of this Chapter, unless otherwise specified:

- ~~1.~~ "Advanced life support" means pertaining to a patient whose condition requires care commensurate with the scope of practice of an EMT-P.
- ~~2.~~ "Air ambulance" means an aircraft that is an "ambulance" as defined in A.R.S. § 36-2201.
- ~~3.~~ "Air ambulance service" means an ambulance service that operates an air ambulance.
- ~~4.~~ "Applicant" means an owner requesting:
 - ~~a.~~ An initial or renewal air ambulance service license under Article 7 of this Chapter,
 - ~~b.~~ An initial or renewal air ambulance certificate of registration under Article 8 of this Chapter, or
 - ~~c.~~ Transfer of an air ambulance service license under R9-25-706.
- ~~5.~~ "Base location" means a physical location at which a person houses an air ambulance or equipment and supplies used for the operation of an air ambulance service or provides administrative or other support for the operation of an air ambulance service.
- ~~6.~~ "Basic life support" means pertaining to a patient whose condition requires care commensurate with the scope of practice of an EMT-B.
- ~~7.~~ "Business organization" means an entity such as an association, cooperative, corporation, limited liability company, or partnership.
- ~~8.~~ "Call number" means a unique identifier used by an air ambulance service to identify a specific mission.
- ~~9.~~ "CAMTS" means the Commission on Accreditation of Medical Transport Systems, formerly known as the Commission on Accreditation of Air Medical Services.
- ~~10.~~ "Change of ownership" means a transfer of controlling legal or controlling equitable interest and authority in an air ambulance service.
- ~~11.~~ "Convalescent transport" means conveyance of a patient at a prearranged time when either the patient's original loca-

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- ~~tion or destination is not a health care institution.~~
- ~~12-8.~~ “Critical care” means pertaining to a patient whose condition requires care commensurate with the scope of practice of a physician or registered nurse.
- ~~13.~~ “Current” means up to date and extending to the present time.
- ~~14.~~ “EMT” means “certified emergency medical technician,” as defined in A.R.S. § 36-2201.
- ~~15.~~ “EMT-B” means “basic emergency medical technician,” as defined in A.R.S. § 36-2201.
- ~~16.~~ “EMT-I” means “intermediate emergency medical technician,” as defined in A.R.S. § 36-2201.
- ~~17.~~ “EMT-P” means “emergency paramedic,” as defined in A.R.S. § 36-2201.
- ~~18-9.~~ “Estimated time of arrival” means the number of minutes from the time that an air ambulance service agrees to perform a mission to the time that an air ambulance arrives at the scene.
- ~~19.~~ “Health care institution” has the same meaning as in A.R.S. § 36-401.
- ~~20-10.~~ “Holds itself out” means advertises through print media, broadcast media, the Internet, or other means.
- ~~21-11.~~ “Interfacility” means between two health care institutions.
- ~~22-12.~~ “Licensed respiratory care practitioner” has the same meaning as in A.R.S. § 32-3501.
- ~~23-13.~~ “Maternal” means pertaining to a woman whose pregnancy is considered by a physician to be high risk, who is in need of critical care services related to the pregnancy, and who is being transferred to a medical facility that has the specialized perinatal and neonatal resources and capabilities necessary to provide an appropriate level of care.
- ~~24.~~ “Medical direction” has the same meaning as in R9-25-101.
- ~~25-14.~~ “Medical team” means personnel whose main function on a mission is the medical care of the patient being transported.
- ~~26-15.~~ “Mission” means a transport job that involves an air ambulance service’s sending an air ambulance to a patient’s location to provide transport of the patient from one location to another, whether or not transport of the patient is actually provided.
- ~~27-16.~~ “Neonatal” means pertaining to an infant who is 28 days of age or younger and who is in need of critical care services.
- ~~28.~~ “On-line medical direction” has the same meaning as in R9-25-101.
- ~~29-17.~~ “On-line medical guidance” means emergency medical services direction or information provided to a ~~non-EMT~~ non-EMCT medical team member by a physician through two-way voice communication.
- ~~30-18.~~ “Operate an air ambulance in this state” means:
- ~~a.~~ Transporting a patient via air ambulance from a location in this state to another location in this state;
 - ~~b.~~ Operating an air ambulance from a base location in this state; or
 - ~~c.~~ Transporting a patient via air ambulance from a location in this state to a location outside of this state more than once per month.
- ~~31-19.~~ “Owner” means a person that holds a controlling legal or equitable interest and authority in a business enterprise.
- ~~32.~~ “Patient” has the same meaning as in R9-25-101.
- ~~33-20.~~ “Patient reference number” means a unique identifier used by an air ambulance service to identify an individual patient.
- ~~34.~~ “Pediatric” means for use in the treatment of children or other individuals whose size falls within the scope of a pediatric equipment sizing reference guide.
- ~~35.~~ “Pediatric equipment sizing reference guide” means a chart or device, such as a Broselow™ tape, used to determine the size of medical equipment to be used for a patient who is a child or of small stature, generally based on either patient length or age and weight.
- ~~36.~~ “Person” means:
- ~~a.~~ An individual;
 - ~~b.~~ A business organization; or
 - ~~c.~~ An administrative unit of the U.S. government, state government, or a political subdivision of the state.
- ~~37-21.~~ “Personnel” means individuals who work for an air ambulance service, with or without compensation, whether as employees, contractors, or volunteers.
- ~~38-22.~~ “Premises” means each physical location of air ambulance service operations and includes all equipment and records at each location.
- ~~39-23.~~ “Proficiency in neonatal resuscitation” means current and valid certification in neonatal resuscitation obtained through completing a nationally recognized training program such as the American Academy of Pediatrics and American Heart Association NRP: Neonatal Resuscitation Program.
- ~~40-24.~~ “Publicizes” means makes a good faith effort to communicate information to the general public through print media, broadcast media, the Internet, or other means.
- ~~41.~~ “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~42-25.~~ “Regularly” means at recurring, fixed, or uniform intervals.
- ~~43-26.~~ “Rescue situation” means an incident in which:
- ~~a.~~ An individual’s life, limb, or health is imminently threatened; and

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- b. The threat may be reduced or eliminated by removing the individual from the situation and providing medical services.
- ~~44.~~ “Scene” means the location of the patient to be transported or the closest point to the patient at which an air ambulance can arrive.
- ~~45-27.~~ “Subspecialization” means:
 - a. For a physician board certified by a specialty board approved by the American Board of Medical Specialties, subspecialty certification;
 - b. For a physician board certified by a specialty board approved by the American Osteopathic Association, attainment of either a certification of special qualifications or a certification of added qualifications; and
 - c. For a physician who has completed an accredited residency program, completion of at least one year of training pertaining to the specified area of medicine.
- ~~46-28.~~ “Two-way voice communication” means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.
- ~~47-29.~~ “Valid” means that a license, certification, or other form of authorization is in full force and effect and not suspended.
- ~~48-30.~~ “Working day” means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

R9-25-704. Initial Application and Licensing Process (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

- A. ~~To obtain an initial license, an~~ An applicant for an initial license shall submit an application to the Department, ~~an application completed using a Department-provided form and in a Department-provided format,~~ including:
 - 1. The applicant’s name; mailing address; e-mail address; fax number, if any; and telephone number;
 - 2. Each business name to be used for the air ambulance service;
 - 3. The physical and mailing addresses to be used for the air ambulance service, if different from the applicant’s mailing address;
 - 4. The name, title, address, e-mail address, and telephone number of the applicant’s statutory agent or the individual designated by the applicant to accept service of process and subpoenas for the air ambulance service;
 - 5. If the applicant is a business organization:
 - a. The type of business organization;
 - b. The following information about the individual who is to serve as the primary contact for information regarding the application:
 - i. Name;
 - ii. Address;
 - iii. E-mail address;
 - ~~iii-iv.~~ Telephone number; and
 - ~~iv-v.~~ Fax number, if any;
 - c. The name, title, and address of each officer and board member or trustee; and
 - d. A copy of the business organization’s articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable;
 - 6. The name and Arizona license number for the physician who is to serve as the administrative medical director for the air ambulance service;
 - 7. The intended hours of operation for the air ambulance service;
 - 8. The intended schedule of rates for the air ambulance service;
 - 9. ~~The scope of the mission types to be provided, including whether each~~ Which of the following mission types is to be provided:
 - a. Emergency medical services transports;~~;~~
 - b. Interfacility transports;~~;~~
 - c. Interfacility maternal transports;~~;~~ and
 - d. Interfacility neonatal transports; ~~and~~
 - e. ~~Convalescent transports;~~
 - 10. The signature of the applicant and the date signed;
 - ~~10-11.~~ A copy of a current and valid OST Form 4507 showing the effective date of Federal Aviation Administration registration and exemption under 14 CFR 298;
 - ~~11-12.~~ A copy of the following issued by the Federal Aviation Administration:
 - a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
 - b. If intending to operate a rotor-wing air ambulance, current and valid Operations Specifications authorizing aero-medical helicopter operations;
 - c. If intending to operate a fixed-wing air ambulance, current and valid Operations Specifications authorizing air-plane air ambulance operations;

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- d. A current and valid Certificate of Registration for each air ambulance to be operated; and
 - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
- ~~12-13.~~ For each air ambulance to be operated for the air ambulance service:
- a. An application for registration that includes all of the information and items required under R9-25-802(C); and
 - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
- ~~13-14.~~ A certificate of insurance establishing that the applicant has current and valid liability insurance coverage for the air ambulance service as required under R9-25-703(B)(5);
- ~~14-15.~~ A certificate of insurance establishing that the applicant has current and valid malpractice insurance coverage for the air ambulance service as required under R9-25-703(B)(6);
- ~~15-16.~~ If the applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report;
- ~~16-17.~~ Attestation that the applicant ~~knows~~ will comply with all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1; and
- ~~17-18.~~ Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete; and
- ~~18.~~ The dated signature of:
- a. ~~If the applicant is an individual, the individual;~~
 - b. ~~If the applicant is a corporation, an officer of the corporation;~~
 - e. ~~If the applicant is a partnership, one of the partners;~~
 - d. ~~If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;~~
 - e. ~~If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;~~
 - f. ~~If the applicant is a joint venture, one of the individuals signing the joint venture agreement;~~
 - g. ~~If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and~~
 - h. ~~If the applicant is a business organization type other than those described in subsections (A)(18)(b) through (f), an individual who is a member of the business organization.~~
- B.** Unless an applicant establishes that it holds current CAMTS accreditation as provided in subsection ~~(C)~~ (A)(16) or is applying for an initial license because of a change ~~in~~ of ownership as described in R9-25-706(D), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the application for an initial license.
- ~~C.~~ To establish current CAMTS accreditation, an applicant shall submit to the Department a copy of its current CAMTS accreditation report, as provided in subsection ~~(A)(15)~~.
- ~~D-C.~~ The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- ~~E-D.~~ The Department may deny an application if an applicant:
- 1. Fails to meet the eligibility requirements of R9-25-703(B);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).
- R9-25-711. Minimum Standards for Mission Staffing (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**
- A.** An air ambulance service shall ensure that, except as provided in subsection (B):
- 1. Each critical care mission is staffed by a medical team of at least two individuals with at least the following qualifications:
 - a. A physician or registered nurse, and
 - b. ~~An EMT-P~~ A Paramedic or licensed respiratory care practitioner;
 - 2. Each advanced life support mission is staffed by a medical team of at least two individuals with at least the following qualifications:
 - a. ~~An EMT-P~~ A Paramedic, and
 - b. Another ~~EMT-P~~ Paramedic or a licensed respiratory care practitioner; and
 - 3. Each basic life support mission is staffed by a medical team of at least two individuals, each of whom has at least the qualifications of an ~~EMT-B~~ EMT.
- B.** If the pilot on a mission using a rotor-wing air ambulance determines, in accordance with the air ambulance service's written guidelines required under subsection (C), that the weight of a second medical team member could potentially compromise the performance of the rotor-wing air ambulance and the safety of the mission, and the use of a single-member

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medical team is consistent with the on-line medical direction or on-line medical guidance received as required under subsection (C), an air ambulance service may use a single-member medical team consisting of an individual with at least the following qualification:

1. For a critical care mission, a physician or registered nurse;
2. For an advanced life support mission, ~~an EMT-P~~ a Paramedic; and
3. For a basic life support mission, an ~~EMT-B~~ EMT.

C. An air ambulance service shall ensure that:

1. Each air ambulance service rotor-wing pilot is provided written guidelines to use in determining when the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission, including the conditions of density altitude and weight that warrant the use of a single-member medical team;
2. The following are done, without delay, after an air ambulance service rotor-wing pilot determines that the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission:
 - a. The pilot communicates that information to the medical team;
 - b. The medical team obtains on-line medical direction or on-line medical guidance regarding the use of a single-member medical team; and
 - c. The medical team proceeds in compliance with the on-line medical direction or on-line medical guidance;
3. A single-member medical team has the knowledge and medical equipment to perform one-person cardiopulmonary resuscitation;
4. The air ambulance service has a quality management process to review regularly the patient care provided by each single-member medical team, including consideration of each patient's status upon arrival at the destination health care institution; and
5. A single-member medical team is used only when no other transport team is available that would be more appropriate for delivering the level of care that a patient requires.

D. An air ambulance service that uses a single-member medical team as authorized under subsection (B) shall create a record within five working days after the mission, including the information required under R9-25-710(A)(8), the name and qualifications of the individual comprising the single-member medical team, and the justification for using a single-member medical team.

E. An air ambulance service shall create and maintain for each personnel member a file containing documentation of the personnel member's qualifications, including, as applicable, licenses, certifications, and training records.

R9-25-715. Minimum Standards for Medical Control (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that:

1. The air ambulance service has a medical director who:
 - a. Meets the qualifications in subsection (B);
 - b. Supervises and evaluates the quality of medical care provided by medical team members;
 - c. Ensures the competency and current qualifications of all medical team members;
 - d. Ensures that each ~~EMT~~ EMCT medical team member receives medical direction as required under Article 2 of this Chapter;
 - e. Ensures that each ~~non-EMT~~ non-EMCT medical team member receives medical guidance through:
 - i. Written treatment protocols; and
 - ii. On-line medical guidance provided by:
 - (1) The medical director;
 - (2) Another physician designated by the medical director; or
 - (3) If the medical guidance needed exceeds the medical director's area of expertise, a consulting specialty physician; and
 - f. Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members;
2. The air ambulance service has a quality management program through which:
 - a. Data related to patient care and transport services provided and patient status upon arrival at destination are:
 - i. Collected continuously; and
 - ii. Examined regularly, on at least a quarterly basis; and
 - b. Appropriate corrective action is taken when concerns are identified; and
3. The air ambulance service documents each concern identified through the quality management program and the corrective action taken to resolve each concern and provides this information, along with the supporting data, to the Department upon request.

B. A medical director shall:

1. Be a physician, as defined in A.R.S. § 36-2201; and

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2. Comply with one of the following:
 - a. If the air ambulance service provides emergency medical services transports, meet the qualifications of ~~R9-25-204(A)(2)~~ R9-25-201(A)(1); or
 - b. If the air ambulance service does not provide emergency medical services transports, meet the qualifications of ~~R9-25-204(A)(2)~~ R9-25-201(A)(1) or one of the following:
 - i. If the air ambulance service provides only interfacility maternal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in critical care medicine or maternal and fetal medicine; or
 - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine;
 - ii. If the air ambulance service provides only interfacility neonatal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in maternal and fetal medicine; or
 - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine, neonatology, pediatric critical care medicine, or pediatric intensive care; or
 - iii. If neither subsection (B)(2)(b)(i) or (ii) applies, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Anesthesiology, with subspecialization in critical care medicine;
 - (2) Internal medicine, with subspecialization in critical care medicine;
 - (3) If the air ambulance service transports only pediatric patients, pediatrics, with subspecialization in pediatric critical care medicine or pediatric emergency medicine; or
 - (4) If the air ambulance service transports only surgical patients, surgery, with subspecialization in surgical critical care.

ARTICLE 8. AIR AMBULANCE REGISTRATION

Table 4-8.1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (Authorized by A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

X = Required

ALS = Advanced Life Support Mission

BLS = Basic Life Support Mission

CC = Critical Care Mission

FW = Fixed-Wing Aircraft

RW = Rotor-Wing Aircraft

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
A. Ventilation and Airway Equipment					
1. Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction catheters, 5F-14F	X	X	X	X	X
2. Portable and fixed oxygen equipment, with variable flow regulators	X	X	X	X	X
3. Oxygen administration equipment, including tubing; non-rebreathing masks (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes)	X	X	X	X	X
4. Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve	X	X	X	X	X
5. Airways, oropharyngeal (adult, pediatric, and infant sizes)	X	X	X	X	X
6. Laryngoscope handle with extra batteries and bulbs, adult and pediatric	X	X	-	X	X

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7. Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved	X	X	-	X	X
8. Endotracheal tubes, sizes 2.5-5.0 mm <u>cuffed</u> or uncuffed and 6.0-8.0 mm cuffed	X	X	-	X	X
9. Meconium aspirator	X	X	-	X	X
10. 10 mL straight-tip syringes	X	X	-	X	X
11. Stylettes for Endotracheal tubes, adult and pediatric	X	X	-	X	X
12. Magill forceps, adult and pediatric	X	X	-	X	X
13. Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F	X	X	-	X	X
14. End-tidal CO ₂ detectors, colorimetric or quantitative	X	X	-	X	X
15. Portable automatic ventilator with positive end expiratory pressure	X	X	-	X	X
B. Monitoring and Defibrillation					
1. Automatic external defibrillator	X	X	X	-	-
2. Portable, battery-operated monitor/defibrillator, with tape write-out/recorder, defibrillator pads, adult and pediatric paddles or hands-free patches, ECG leads, adult and pediatric chest attachment electrodes, and capability to provide electrical discharge below 25 watt-seconds	X	X	-	X	X
3. Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into monitor/defibrillator	X	X	-	X	X
C. Immobilization Devices					
1. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes	-	X	X	X	X
2. Head immobilization device, either firm padding or another commercial device	-	X	X	X	X
3. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap	-	X	X	X	X
4. Upper and lower extremity immobilization splints	-	X	X	X	X
D. Bandages					
1. Burn pack, including standard package, clean burn sheets	X	X	X	X	X
2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges	X	X	X	X	X
3. Gauze rolls, sterile (4" or larger)	X	X	X	X	X
4. Elastic bandages, non-sterile (4" or larger)	X	X	X	X	X
5. Occlusive dressing, sterile, 3" x 8" or larger	X	X	X	X	X
6. Adhesive tape, including various sizes (1" or larger) hypoallergenic and various sizes (1" or larger) adhesive	X	X	X	X	X
E. Obstetrical					

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1. Obstetrical kit (separate sterile kit), including towels, 4" x 4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover	X	X	X	X	X
2. An alternate portable patient heat source or 2 heat packs	X	X	X	X	X
F. Miscellaneous					
1. Sphygmomanometer (infant, pediatric, and adult regular and large sizes)	X	X	X	X	X
2. Stethoscope	X	X	X	X	X
3. Pediatric equipment sizing reference guide	X	X	X	X	X
4. Thermometer with low temperature capability	X	X	X	X	X
5. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots	X	X	X	X	X
6. Cold packs	X	X	X	X	X
7. Flashlight (1) with extra batteries	X	X	X	X	X
8. Blankets	X	X	X	X	X
9. Sheets	X	X	X	X	X
10. Disposable emesis bags or basins	X	X	X	X	X
11. Disposable bedpan	X	X	X	X	X
12. Disposable urinal	X	X	X	X	X
13. Properly secured patient transport system	X	X	X	X	X
14. Lubricating jelly (water soluble)	X	X	X	X	X
15. Small volume nebulizer	X	X	-	X	X
16. Glucometer or blood glucose measuring device with reagent strips	X	X	-	X	X
17. Pulse oximeter with pediatric and adult probes	X	X	-	X	X
18. Automatic blood pressure monitor	X	X	X	X	X
G. Infection Control (Latex-free equipment shall be available)					
1. Eye protection (full peripheral glasses or goggles, face shield)	X	X	X	X	X
2. Masks	X	X	X	X	X
3. Gloves, non-sterile	X	X	X	X	X
4. Jumpsuits or gowns	X	X	X	X	X
5. Shoe covers	X	X	X	X	X
6. Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid)	X	X	X	X	X
7. Disinfectant solution for cleaning equipment	X	X	X	X	X
8. Standard sharps containers	X	X	X	X	X
9. Disposable red trash bags	X	X	X	X	X
10. High-efficiency particulate air mask	X	X	X	X	X

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H. Injury Prevention Equipment					
1. Appropriate restraints (such as seat belts) for patient, personnel, and family members	X	X	X	X	X
2. Child safety restraints	X	X	X	X	X
3. Safety vest or other garment with reflective material for each personnel member	-	X	X	X	X
4. Fire extinguisher	X	X	X	X	X
5. Hazardous material reference guide	X	X	X	X	X
6. Hearing protection for patient and personnel	X	X	X	X	X
I. Vascular Access					
1. Intravenous administration equipment, with fluid in bags	X	X	-	X	X
2. Antiseptic solution (alcohol wipes and povidone-iodine wipes)	X	X	-	X	X
3. Intravenous pole or roof hook	X	X	-	X	X
4. Intravenous catheters 14G-24G	X	X	-	X	X
5. Intraosseous needles	X	X	-	X	X
6. Venous tourniquet	X	X	-	X	X
7. One of each of the following types of intravenous solution administration sets: a. A set with blood tubing, b. A set capable of delivering 60 drops per cc, and c. A set capable of delivering 10 or 15 drops per cc	X	X	-	X	X
8. Intravenous arm boards, adult and pediatric	X	X	-	X	X
9. IV pump or pumps (minimum of 3 infusion lines)	X	X	-	X	X
10. IV pressure bag	X	X	-	X	X
J. Medications					
1. Drugs and drug-related equipment required in the EMT-B Drug List in Exhibit 1 to R9-25-503 <u>Agents required in Tables 5.2 and, if applicable, 5.3 for the EMCT classification</u>	X	X	X	X	X
2. Drugs and drug-related equipment required in the EMT-P and Qualified EMT-I Drug List in Exhibit 1 to R9-25-503	X	X	-	X	X

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

R9-25-901. Definitions (Authorized by A.R.S. § 36-2202 (A))

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in Articles 9, 10, 11, and 12 unless otherwise specified:

1. "Adjustment" means a modification, correction, or alteration to a rate or charge.
2. ~~"ALS" has the same meaning as in R9-25-101(8).~~
- 3-2. "ALS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(F).
4. ~~"Ambulance attendant" has the same meaning as in A.R.S. § 36-2201(4).~~
- 5-3. "Ambulance Revenue and Cost Report" means Exhibit A or Exhibit B, which records and reports the financial activities of an applicant or a certificate holder.
6. ~~"Applicant" means:~~
 - a. ~~An individual, if a sole proprietorship;~~
 - b. ~~The corporation's officers, if a corporation;~~
 - c. ~~The managing partner, if a partnership or limited liability partnership;~~
 - d. ~~The designated manager, or if no manager is designated, the members of the limited liability company, if a lim-~~

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- ~~ited liability company;~~
- e. ~~The designated representative of a public corporation that has controlling legal or equitable interest and authority in a ground ambulance service;~~
- f. ~~The designated representative of a political subdivision that has controlling legal or equitable interest and authority in a ground ambulance service; or~~
- g. ~~The designated representative of a government agency that has controlling legal or equitable interest and authority in a ground ambulance service.~~
- 7-4. "Application packet" means the fee, documents, forms, and additional information the Department requires to be submitted by an applicant or on an applicant's behalf.
- 8-5. "Back-up agreement" means a written arrangement between a certificate holder and a neighboring certificate holder for temporary coverage during limited times when the neighboring certificate holder's ambulances are not available for service in its service area.
- 9. ~~"BLS" has the same meaning as in R9-25-101(13).~~
- 10-6. "BLS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(G).
- 11-7. "Certificate holder" means a person to whom the Department issues a certificate of necessity.
- 12. ~~"Certificate of necessity" has the same meaning as in A.R.S. § 36-2201(8).~~
- 13-8. "Certificate of registration" means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.
- 14-9. "Change of ownership" means:
 - a. In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;
 - b. In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or
 - c. The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.
- 15-10. "Charge" means the monetary amount assessed to a patient for disposable supplies, medical supplies, medication, and oxygen-related costs.
- 16-11. "Chassis" means the part of a ground ambulance vehicle consisting of all base components, including ~~the frame~~, front and rear suspension, exhaust system, brakes, engine, engine hood or cover, transmission, front and rear axles, front fenders, drive train and shaft, fuel system, engine air intake and filter, accelerator pedal, steering wheel, tires, heating and cooling system, battery, and operating controls and instruments.
- 17-12. "Convalescent transport" means a scheduled transport other than an interfacility transport.
- 18. ~~"Day" means calendar day.~~
- 19-13. "Dispatch" means the direction to a ground ambulance service or vehicle to respond to a call for EMS or transport.
- 20-14. "Driver's compartment" means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
- 21. ~~"Emergency medical services" or "EMS" has the same meaning as in A.R.S. § 36-2201(14).~~
- 22. ~~"EMT" has the same meaning as in R9-25-101(31).~~
- 23-15. "Financial statements" means an applicant's balance sheet, annual income statement, and annual cash flow statement.
- 24. ~~"Fit and proper" has the same meaning as in A.R.S. § 36-2201(19).~~
- 25-16. "Frame" means the structural foundation on which a ground ambulance vehicle chassis is constructed.
- 26-17. "General public rate" means the monetary amount assessed to a patient by a ground ambulance service for ALS, BLS, mileage, standby waiting, or according to a subscription service contract.
- 27-18. "Generally accepted accounting principles" means the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the Financial Accounting Standards Board.
- 28-19. "Goodwill" means the difference between the purchase price of a ground ambulance service and the fair market value of the ground ambulance service's identifiable net assets.
- 29-20. "Gross revenue" means:
 - a. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit A, page 2, lines 1, 9, and 20; or
 - b. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit B, page 3, lines 1, 24, 25, and 26.
- 30-21. "Ground ambulance service" means an ambulance service that operates on land.
- 31-22. "Ground ambulance service contract" means a written agreement between a certificate holder and a person for the provision of ground ambulance service.
- 32-23. "Ground ambulance vehicle" means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to transport ambulance attendants and patients on land.
- 33. ~~"Health care institution" has the same meaning as in A.R.S. § 36-401(A)(21).~~
- 34-24. "Indirect costs" means the cost of providing ground ambulance service that does not include the costs of equipment.

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- ~~35-25.~~ “Interfacility transport” means a scheduled transport between two health care institutions.
- ~~36-26.~~ “Level of service” means ALS or BLS ground ambulance service, including the type of ambulance attendants used by the ground ambulance service.
- ~~37-27.~~ “Major defect” means a condition that exists on a ground ambulance vehicle that requires the Department or the certificate holder to place the ground ambulance vehicle out-of-service.
- ~~38-28.~~ “Mileage rate” means the monetary amount assessed to a patient for each mile traveled from the point of patient pick-up to the patient’s destination point.
- ~~39-29.~~ “Minor defect” means a condition that exists on a ground ambulance vehicle that is not a major defect.
- ~~40-30.~~ “Needs assessment” means a study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that takes into account the current or proposed service area’s medical, fire, and police services.
- ~~41-31.~~ “Out-of-service” means a ground ambulance vehicle cannot be operated to transport patients.
- ~~42.~~ “Patient” means an individual who is sick, injured, or wounded or who requires medical monitoring, medical treatment, or transport.
- ~~43-32.~~ “Patient compartment” means the ground ambulance vehicle body part that holds a patient.
- ~~44.~~ “Person” has the same meaning as in A.R.S. § 1-215(28) and includes a political subdivision or governmental agency.
- ~~45-33.~~ “Public necessity” means an identified population needs or requires all or part of the services of a ground ambulance service.
- ~~46-34.~~ “Response code” means the priority assigned to a request for immediate dispatch by a ground ambulance service on the basis of the information available to the certificate holder or the certificate holder’s dispatch authority.
- ~~47-35.~~ “Response time” means the difference between the time a certificate holder is notified that a need exists for immediate dispatch and the time the certificate holder’s first ground ambulance vehicle arrives at the scene. Response time does not include the time required to identify the patient’s need, the scene, and the resources necessary to meet the patient’s need.
- ~~48-36.~~ “Response-time tolerance” means the percentage of actual response times for a response code and scene locality that are compliant with the response time approved by the Department for the response code and scene locality, for any 12-month period.
- ~~49-37.~~ “Rural area” means a geographic region with a population of less than 40,000 residents that is not a suburban area.
- ~~50.~~ “Scene” means the location of the patient or the closest point to the patient at which the ground ambulance vehicle can arrive.
- ~~51-38.~~ “Scene locality” means an urban, suburban, rural, or wilderness area.
- ~~52-39.~~ “Scheduled transport” means to convey a patient at a prearranged time by a ground ambulance vehicle for which an immediate dispatch and response is not necessary.
- ~~53-40.~~ “Service area” means the geographical boundary designated in a certificate of necessity using the criteria in A.R.S. § 36-2233(E).
- ~~54-41.~~ “Settlement” means the difference between the monetary amount Medicare establishes or AHCCCS pays as an allowable rate and the general public rate a ground ambulance service assesses a patient.
- ~~55-42.~~ “Standby waiting rate” means the monetary amount assessed to a patient by a certificate holder when a ground ambulance vehicle is required to wait in excess of 15 minutes to load or unload the patient, unless the excess delay is caused by the ground ambulance vehicle or the ambulance attendants on the ground ambulance vehicle.
- ~~56.~~ “Suboperation station” has the same meaning as in A.R.S. § 36-2201(25).
- ~~57-43.~~ “Subscription service” means the provision of EMS or transport by a certificate holder to a group of individuals within the certificate holder’s service area and the allocation of annual costs among the group of individuals.
- ~~58-44.~~ “Subscription service contract” means a written agreement for subscription service.
- ~~59-45.~~ “Subscription service rate” means the monetary amount assessed to a person under a subscription service contract.
- ~~60-46.~~ “Substandard performance” means a certificate holder’s:
- Noncompliance with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, or the terms of the certificate holder’s certificate of necessity, including all decisions and orders issued by the Director to the certificate holder;
 - Failure to ensure that an ambulance attendant complies with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, for the level of ground ambulance service provided by the certificate holder; or
 - Failure to meet the requirements in 9 A.A.C. 25, Article 10.
- ~~61-47.~~ “Suburban area” means a geographic region within a 10-mile radius of an urban area that has a population density equal to or greater than 1,000 residents per square mile.
- ~~62-48.~~ “Third-party payor” means a person, other than a patient, who is financially responsible for the payment of a patient’s assessed general public rates and charges for EMS or transport provided to the patient by a ground ambulance service.
- ~~63-49.~~ “Transfer” means:
- A change of ownership or type of business entity; or

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- b. To move a patient from a ground ambulance vehicle to an air ambulance.
- 64-50. "Transport" means the conveyance of one or more patients in a ground ambulance vehicle from the point of patient pick-up to the patient's initial destination.
- 65-51. "Type of ground ambulance service" means an interfacility transport, a convalescent transport, or a transport that requires an immediate response.
- 66-52. "Urban area" means a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census.
- 67-53. "Wilderness area" means a geographic region that has a population density of less than one resident per square mile.

R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)

- A. An applicant for an initial certificate of necessity shall submit to the Department an application packet, in a Department-provided format, that includes:
 - 1. An application form that contains:
 - a. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
 - b. The name, title, address, e-mail address, and telephone number of the following:
 - i. Each applicant and individual responsible for managing the ground ambulance service;
 - ii. The business representative or designated manager;
 - iii. The individual to contact to access the ground ambulance service's records required in R9-25-910; and
 - iv. The statutory agent for the ground ambulance service, if applicable;
 - c. The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
 - d. The address and telephone number of the ground ambulance service's dispatch center;
 - e. The address and telephone number of each suboperation station located within the proposed service area;
 - f. Whether the ground ambulance service is a corporation, partnership, sole proprietorship, limited liability corporation, or other;
 - g. Whether the business entity is proprietary, non-profit, or governmental;
 - h. A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
 - i. The make and year of each ground ambulance vehicle to be used by the ground ambulance service;
 - j. The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
 - k. The proposed hours of operation for the ground ambulance service;
 - l. The type of ground ambulance service;
 - m. The level of ground ambulance service;
 - n. Acknowledgment that the applicant:
 - i. Is requesting to operate ground ambulance vehicles and a ground ambulance service in this state;
 - ii. Has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1; and
 - iii. Will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service;
 - o. A statement that any information or documents submitted to the Department are true and correct; and
 - p. The signature of the applicant or the applicant's designated representative and the date signed;
 - 2. The following information:
 - a. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
 - b. A statement of the proposed general public rates;
 - c. A statement of the proposed charges;
 - d. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
 - i. The population demographics within the proposed service area;
 - ii. The square miles within the proposed service area;
 - iii. The medical needs of the population within the proposed service area;
 - iv. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area;
 - v. The available routes of travel within the proposed service area;
 - vi. The geographic features and environmental conditions within the proposed service area; and
 - vii. The available medical and emergency medical resources within the proposed service area;
 - e. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;

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- f. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
- g. Whether an applicant or a designated manager:
 - i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude;₂
 - ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision;₂ or
 - iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
- 3. The following documents:
 - a. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
 - b. A projected Ambulance Revenue and Cost Report;
 - c. The financing agreement for all capital acquisitions exceeding \$5,000;
 - d. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
 - e. Any proposed ground ambulance service contract under A.R.S. §§ ~~36-2232(A)(1)~~ 36-2232(A)(1) and 36-2234(K);
 - f. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
 - g. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
 - h. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
 - i. A surety bond if required under A.R.S. § 36-2237(B); and
 - j. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service; and
- 4. Any documents, exhibits, or statements that may assist the Director in evaluating the application or any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B.** Before an applicant provides ALS, the applicant shall submit to the Department the application packet required in subsection (A) and the following:
 - 1. A current written contract for ALS medical direction; and
 - 2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).
- C.** When requesting a transfer of a certificate of necessity:
 - 1. The person wanting to transfer the certificate of necessity shall submit a letter to the Department that contains:
 - a. A request that the certificate of necessity be transferred;₂ and
 - b. The name of the person to whom the certificate of necessity is to be transferred; and
 - 2. The person identified in subsection (C)(1)(b) shall submit:
 - a. The application packet in subsection (A); and
 - b. The information in subsection (B), if ALS is provided.
- D.** An applicant shall submit the following fees:
 - 1. \$100 application filing fee for an initial certificate of necessity;₂ or
 - 2. \$50 application filing fee for a transfer of a certificate of necessity.
- E.** The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

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Exhibit ~~A-9A~~ **Ambulance Revenue and Cost Report, General Information and Certification**

Legal Name of Company: _____ CON No. _____
 D.B.A. (Doing Business As): _____ Business Phone: () _____
 Financial Records Address: _____ City: _____ Zip Code _____
 Mailing Address (If Different): _____ City: _____ Zip Code: _____
 Owner/Manager: _____
 Report Contact Person: _____ Phone: () _____ Ext. _____
 Report for Period From: _____ To: _____
 Method of Valuing Inventory: LIFO: () FIFO: () Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/ vesting.

CERTIFICATION

I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____ Date: _____

Mail to:

Department of Health Services;
 Bureau of Emergency Medical Services and Trauma System;
 Certificate of Necessity and Rates Section
~~1651 East Morten Avenue, Suite 130, Phoenix, AZ 85020~~
~~Telephone: (602) 861-0809; Fax: (602) 861-9812~~
150 North 18th Avenue, Suite 540, Phoenix, AZ 85007
Telephone: (602) 364-3150; Fax: (602) 364-3567

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 Revised 8/5/99 December 2013

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

STATISTICAL SUPPORT DATA

Line No. DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01 Number of ALS Billable Runs	_____	_____	_____	_____
02 Number of BLS Billable Runs	_____	_____	_____	_____
03 Number of Loaded Billable Miles	_____	_____	_____	_____
04 Waiting Time (Hr. & Min.)	_____	_____	_____	_____
05 Total Canceled (Non-Billable) Runs	_____	_____	_____	_____
				Number
				Donated Hours
Volunteer Services: (OPTIONAL)				
06 Paramedic, EMT-I(99) , and HEMT <u>AEMT</u>	_____	_____	_____	_____
07 Emergency Medical Technician -B <u>(EMT)</u>	_____	_____	_____	_____
08 Other Ambulance Attendants	_____	_____	_____	_____
09 Total Volunteer Hours	_____	_____	_____	_____

**This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

STATISTICAL SUPPORT DATA

Line No. TYPE OF SERVICE	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
01 Number of Advanced Life Support Billable Runs	_____	_____	_____
02 Number of Basic Life Support Billable Runs	_____	_____	_____
03 Number of Loaded Billable Miles	_____	_____	_____
04 Waiting Time (Hours and Minutes)	_____	_____	_____
05 Total Canceled (Non-Billable) Runs	_____	_____	_____
			Number
			Donated Hours
Volunteer Services: (OPTIONAL)			
06 Paramedic, EMT-I(99) , and HEMT AEMT	_____	_____	_____
07 Emergency Medical Technician B (EMT)	_____	_____	_____
08 Other Ambulance Attendants _____	_____	_____	_____
09 Total Volunteer Hours	_____	_____	_____

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

STATEMENT OF INCOME

<u>Line</u> <u>No.</u>	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue	Page 3 Line 10	\$ _____
Less:			
02	AHCCCS Settlement		_____
03	Medicare Settlement.		_____
04	Contractual Discounts.	Page 7 Line 22	_____
05	Subscription Service Settlement.	Page 8 Line 4	_____
06	Other (Attach Schedule).		_____
07	Total.		_____
08	Net Revenue from Ambulance Runs		\$ _____
09	Sales of Subscription Service Contracts.	Page 8 Line 8	
10	Total Operating Revenue		\$ _____
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$ _____
12	Wages, Payroll Taxes, and Employee Benefits.	Page 4 Line 22	_____
13	General and Administrative Expenses	Page 5 Line 20	_____
14	Cost of Goods Sold.	Page 3 Line 15	_____
15	Other Operating Expenses	Page 6 Line 28	_____
16	Interest Expense (Attach Schedule IV)	Page 14 CI 4 & 5 Line 28	_____
17	Subscription Service Direct Selling.	Page 8 Line 23	_____
18	Total Operating Expenses		_____
19	Ambulance Service Income (Loss) (Line 10 minus Line 18)		\$ _____
Other Revenue/Expenses:			
20	Other Operating Revenue and Expenses	Page 9 Line 17	\$ _____
21	Non-Operating Revenue and Expense		_____
22	Non-Deductible Expenses (Attach Schedule)		_____
23	Total Other Revenues/Expenses		_____
24	Ambulance Service Income (Loss) - Before Income Taxes		\$ _____
Provision for Income Taxes:			
25	Federal Income Tax.		\$ _____
26	State Income Tax.		_____
27	Total Income Tax		_____
28	Ambulance Service - Net Income (Loss)		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

ROUTINE OPERATING REVENUE

Line

No. DESCRIPTION _____

Ambulance Service Routine Operating Revenue:

01	ALS Base Rate.	\$ _____
02	BLS Base Rate.	_____
03	Mileage Charge	_____
04	Waiting Charge.	_____
05	Medical Supplies (Gross Charges).	_____
06	Nurses Charges	_____
07	Total	\$ _____
08	Standby Revenue (Attach Schedule)	_____
09	Other Ambulance Service Revenue (Attach Schedule)	_____
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 01)	\$ _____

COST OF GOODS SOLD: (MEDICAL SUPPLIES)

11	Inventory at Beginning of Year	_____
12	Plus Purchases.	_____
13	Plus Other Costs.	_____
14	Less Inventory at End of Year. (_____)	
15	Cost of Goods Sold (To Page 2, Line 14).	\$ _____

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

ROUTINE OPERATING REVENUE

Line No. DESCRIPTION	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
AMBULANCE SERVICE OPERATING REVENUE			
01 ALS Base Rate	\$ _____	\$ _____	\$ _____
02 BLS Base Rate	_____	_____	_____
03 Mileage Charge.	_____	_____	_____
04 Waiting Charge.	_____	_____	_____
05 Medical Supplies (Gross Charges).	_____	_____	_____
06 Nurses' Charges.	_____	_____	_____
07 Total	\$ _____	\$ _____	\$ _____
08 Standby Revenue (Attach Schedule)			_____
09 Other Ambulance Service Revenue (Attach Schedule)			_____
10 Total Ambulance Service Routine Operating Revenue (Column 3 to Page 2, Line 01)			\$ _____
Less:			
11 AHCCCS Settlement	\$ _____	\$ _____	\$ _____
12 Medicare Settlement	_____	_____	_____
13 Subsidy	_____	XXXXXXXXXXXXXX	_____
14 Other (Attach Schedule)	_____	_____	_____
15 Total Settlements (Column 3 to Page 2, Line 06)	\$ _____	\$ _____	\$ _____
Cost of Goods Sold:			
16 Inventory at Beginning of Year			\$ _____
17 Plus Purchases.			_____
18 Plus Other Costs.			_____
19 Less Inventory at End of Year.			(_____)
20 Cost of Goods Sold (Column 3 to Page 2, Line 14)			\$ _____

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line		No. of	
No. DESCRIPTION		*F.T.E.s	AMOUNT
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Page 10, Line 7)	_____	\$ _____
02	Payroll Taxes	_____	_____
03	Employee Fringe Benefits	_____	_____
04	Total	_____	\$ _____
05	Gross Wages - MANAGEMENT (Attach Schedule II)	_____	\$ _____
06	Payroll Taxes	_____	_____
07	Employee Fringe Benefits	_____	_____
08	Total	_____	\$ _____
 Gross Wages - AMBULANCE PERSONNEL (Attach Schedule II)			
	**Casual Labor	Wages	
09	Paramedic, EMT-I(99), and HEMT AEMT _____	_____	\$ _____
10	Emergency Medical Technician (EMT) _____	_____	_____
11	Nurses	_____	_____
12	Payroll Taxes	_____	_____
13	Employee Fringe Benefits	_____	_____
14	Total	_____	\$ _____
 Gross Wages - OTHER PERSONNEL (Attach Schedule II)			
15	Dispatch	_____	\$ _____
16	Mechanics	_____	_____
17	Office and Clerical	_____	_____
18	Other	_____	_____
19	Payroll Taxes	_____	_____
20	Employee Fringe Benefits	_____	_____
21	Total	_____	\$ _____
22	Total F.T.E.s' Wages, Payroll Taxes, & Employee Benefits (To Page 2, Line 12) .	_____	\$ _____

* Full-time equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.s	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
01	Gross Wages - Management (Attach Schedule II)	_____	\$ _____	_____	_____
02	Payroll Taxes	_____	_____	_____	_____
03	Employee Fringe Benefits	_____	_____	_____	_____
04	Total	_____	\$ _____	_____	_____
Gross Wages - Ambulance Personnel (Attach Schedule) :					
		**Contractual	Wages		
05	Paramedics, EMT-I(99) , and HEMT AEMT	_____	\$ _____	_____	_____
06	Emergency Medical Technician (EMT)	_____	_____	_____	_____
07	Nurses	_____	_____	_____	_____
08	Drivers	_____	_____	_____	_____
09	Payroll Taxes	_____	_____	_____	_____
10	Employee Fringe Benefits	_____	_____	_____	_____
11	Total	_____	\$ _____	_____	_____
Gross Wages - Other Personnel (Attach Schedule II):					
12	Dispatch	_____	\$ _____	_____	_____
13	Mechanics	_____	_____	_____	_____
14	Office and Clerical	_____	_____	_____	_____
15	Other	_____	_____	_____	_____
16	Payroll Taxes	_____	_____	_____	_____
17	Employee Fringe Benefits	_____	_____	_____	_____
18	Total	_____	\$ _____	_____	_____
19	Total F.T.E.s' Wages, Payroll Taxes, and Employee Benefits (To Page 2, Line 12) _____	_____	\$ _____	_____	_____

* Full-Time Equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Contractual + Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include contractual hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
01	Gross Wages - Management	_____	_____
02	Payroll Taxes	_____	_____
03	Employee Fringe Benefits	_____	_____
04	Total	_____	_____
 Gross Wages - Ambulance Personnel:		<u>Contractual</u>	<u>Wages</u>
05	Paramedic, EMT-I(99) , and HEMT <u>AEMT</u>	_____	_____
06	Emergency Medical Technician (EMT)	_____	_____
07	Nurses	_____	_____
08	Drivers	_____	_____
09	Payroll Taxes	_____	_____
10	Employee Fringe Benefits	_____	_____
11	Total	_____	_____
 Gross Wages - Other Personnel:			
12	Dispatch	_____	_____
13	Mechanics	_____	_____
14	Office and Clerical	_____	_____
15	Other	_____	_____
16	Payroll Taxes	_____	_____
17	Employee Fringe Benefits	_____	_____
18	Total	_____	_____

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

GENERAL AND ADMINISTRATIVE EXPENSES

Line No. DESCRIPTION

Professional Services:

Table with 2 columns: Description and Amount. Rows include Legal Fees, Collection Fees, Accounting and Auditing, Data Processing Fees, Other (Attach Schedule), and Total.

Travel and Entertainment:

Table with 2 columns: Description and Amount. Rows include Meals and Entertainment, Transportation - Other Company Vehicles, Travel, Other (Attach Schedule), and Total.

Other General and Administrative:

Table with 2 columns: Description and Amount. Rows include Office Supplies, Postage, Telephone, Advertising, Professional Liability Insurance, Dues and Subscriptions, Other (Attach Schedule), Total, and Total General and Administrative Expenses (To Page 2, Line 13).

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

GENERAL AND ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>(1) Total Expenditure</u>	<u>(2) Allocation Percentage</u>	<u>(3) Ambulance Amount</u>
Professional Services:				
01	Legal Fees	\$ _____	_____	\$ _____
02	Collection Fees	_____	_____	_____
03	Accounting and Auditing	_____	_____	_____
04	Data Processing Fees.....	_____	_____	_____
05	Other (Attach Schedule)	_____	_____	_____
06	Total	\$ _____		\$ _____
Travel and Entertainment:				
07	Meals and Entertainment	\$ _____	_____	\$ _____
08	Transportation - Other Company Vehicles	_____	_____	_____
09	Travel	_____	_____	_____
10	Other (Attach Schedule)	_____	_____	_____
11	Total	\$ _____		\$ _____
Other General and Administrative:				
12	Office Supplies	\$ _____	_____	\$ _____
13	Postage	_____	_____	_____
14	Telephone	_____	_____	_____
15	Advertising	_____	_____	_____
16	Professional Liability Insurance	_____	_____	_____
17	Dues and Subscriptions	_____	_____	_____
18	Other (Attach Schedule)	_____	_____	_____
19	Total	\$ _____		\$ _____
20	Total General & Administrative Expenses (to Page 2, Line 13)	\$ _____		\$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

GENERAL AND ADMINISTRATIVE EXPENSES (cont.)

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>
Professional Services:		
01	Legal Fees	_____
02	Collection Fees	_____
03	Accounting and Auditing	_____
04	Data Processing Fees	_____
05	Other (Attach Schedule)	_____
06	Total	_____
Travel and Entertainment:		
07	Meals and Entertainment	_____
08	Transportation - Other Company Vehicles	_____
09	Travel	_____
10	Other (Attach Schedule)	_____
11	Total	_____
Other General and Administrative:		
12	Office Supplies	_____
13	Postage	_____
14	Telephone	_____
15	Advertising	_____
16	Professional Liability Insurance	_____
17	Dues and Subscriptions	_____
18	Other (Attach Schedule)	_____
19	Total	_____

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING EXPENSES

Line

No. OTHER OPERATING EXPENSES

Depreciation and Amortization:

- 01 Depreciation (Attach Schedule III) (From Line 20, Col I, Page 13) \$ _____
02 Amortization _____
03 Total \$ _____
04 Rent/Lease (Attach Schedule III) (From Line 20, Col K, Page 13) \$ _____

Building/Station Expense:

- 05 Building and Cleaning Supplies \$ _____
06 Utilities _____
07 Property Taxes _____
08 Property Insurance _____
09 Repairs and Maintenance _____
10 Other (Attach Schedule) _____
11 Total \$ _____

Vehicle Expense - Ambulance Units:

- 12 License/Registration \$ _____
13 Fuel _____
14 General Vehicle Service and Maintenance. _____
15 Major Repairs _____
16 Insurance - Service Vehicles. _____
17 Other (Attach Schedule). _____
18 Total \$ _____

Other Expenses:

- 19 Dispatch _____
20 Education/Training _____
21 Uniforms and Uniform Cleaning _____
22 Meals and Travel for Ambulance Personnel _____
23 Maintenance Contracts _____
24 Minor Equipment - Not Capitalized _____
25 Ambulance Supplies - Nonchargeable _____
26 Other (Attach Schedule) _____
27 Total \$ _____
28 Total Other Operating Expenses (To Page 2, Line 15) \$ _____

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

OTHER OPERATING EXPENSES

<u>OTHER OPERATING EXPENSES</u>	<u>(1)</u> <u>Total</u> <u>Expenditure</u>	<u>(2)</u> <u>Allocation</u> <u>Percentage</u>	<u>(3)</u> <u>Ambulance</u> <u>Amount</u>
Depreciation and Amortization:			
Depreciation (Attach Schedule III) (From Line 20, Col I, Page 12)	\$ _____	_____	_____
Amortization	_____	_____	_____
Total	\$ _____	_____	_____
Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12	\$ _____	_____	_____
Building/Station Expense:			
Building and Cleaning Supplies	\$ _____	_____	_____
Utilities	_____	_____	_____
Property Taxes	_____	_____	_____
Property Insurance	_____	_____	_____
Repairs and Maintenance	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Vehicle Expense - Ambulance Units:			
License/Registration	\$ _____	_____	_____
Fuel	_____	_____	_____
General Vehicle Service and Maintenance	_____	_____	_____
Major Repairs	_____	_____	_____
Insurance - Service Vehicles	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Other Expenses:			
Dispatch	\$ _____	_____	_____
Education/Training	_____	_____	_____
Uniforms and Uniform Cleaning	_____	_____	_____
Meals and Travel for Ambulance Personnel	_____	_____	_____
Maintenance Contracts	_____	_____	_____
Minor Equipment - Not Capitalized	_____	_____	_____
Ambulance Supplies - Nonchargeable	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Total Other Operating Expenses (To Page 2, Line 15)	\$ _____	_____	_____

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

OTHER OPERATING EXPENSES

Line		<u>Basis of Allocations</u>
No.	<u>OTHER OPERATING EXPENSES</u>	
	Depreciation and Amortization:	
01	Depreciation	_____
02	Amortization	_____
03	Total	_____
04	Rent/Lease	_____
	Building/Station Expense:	
05	Building and Cleaning Supplies	_____
06	Utilities	_____
07	Property Taxes	_____
08	Property Insurance	_____
09	Repairs and Maintenance	_____
10	Other (Attach Schedule)	_____
11	Total	_____
	Vehicle Expense - Ambulance Units:	
12	License/Registration	_____
13	Fuel	_____
14	General Vehicle Service and Maintenance	_____
15	Major Repairs	_____
16	Insurance - Service Vehicles	_____
17	Other (Attach Schedule)	_____
18	Total	_____
	Other Expenses:	
19	Dispatch	_____
20	Education/Training	_____
21	Uniforms and Uniform Cleaning	_____
22	Meals and Travel for Ambulance Personnel	_____
23	Maintenance Contracts	_____
24	Minor Equipment - Not Capitalized	_____
25	Ambulance Supplies - Nonchargeable	_____
26	Other (Attach Schedule)	_____
27	Total	_____

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	Total (To Page 2, Line 4)				_____

Arizona Administrative Register / Secretary of State
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

SUBSCRIPTION SERVICE REVENUE AND
 DIRECT SELLING EXPENSES

Line	<u>No.</u> <u>Description</u>	<u>To</u>	
01	Billings at Fully Established Rate		\$ _____
	Less:		
02	AHCCCS Settlement	_____	
03	Medicare Settlement	_____	
04	Subscription Service Settlements	(To Page 2, Line 5) _____	
05	Subscription Service Bad Debt	_____	
06	Total		\$ _____
07	Net Revenue from Subscription Service Runs		_____
08	Sales of Subscription Service	(To Page 2, Line 9)	_____
09	Other Revenue (Attach Schedule)		_____
10	Total Subscription Service Revenue		\$ _____
	Direct Expenses Incurred Selling Subscription Contracts:		
11	Salaries/Wages		\$ _____
12	Payroll Taxes	_____	
13	Employee Fringe Benefits	_____	
14	Professional Services	_____	
15	Contract Labor	_____	
16	Travel	_____	
17	Other General and Administrative Expenses	_____	
18	Depreciation/Amortization	_____	
19	Rent/Lease	_____	
20	Building/Station Expense	_____	
21	Transportation/Vehicles	_____	
22	Other (Attach Schedule)	_____	
23	Total Subscription Service Expenses	(To Page 2, Line 17)	\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

OTHER OPERATING REVENUES AND EXPENSES

Line
No. DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)	\$ _____	
02	Grant Funds - State (Attach Schedule)	_____	
03	Grant Funds - Federal (Attach Schedule)	_____	
04	Grant Funds - Other (Attach Schedule)	_____	
05	Patient Finance Charges	_____	
06	Patient Late Payment Charges	_____	
07	Interest Earned - Related Person/Organization	_____	
08	Interest Earned - Other	_____	
09	Gain on Sale of Operating Property	_____	
10	Other: _____	_____	
11	Other: _____	_____	
12	Total Operating Revenue		\$ _____

Other Operating Expenses:

13	Loss on Sale of Operating Property	\$ _____	
14	Other: _____	_____	
15	Other: _____	_____	
16	Total Other Operating Expenses		\$ _____
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		\$ _____

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

DETAIL OF SALARIES/WAGES
 OFFICERS/OWNERS
 SCHEDULE 1 _____

Wages Paid by Category

Line No.	Name	Title	% of Ownership	Management	*FTE	<u>Wages Paid by Category</u>				<u>Totals</u>		
						CEP	EMT	EMT	EMCT	*FTE	Wages Paid To Owners	*FTE
01	_____	_____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	_____
02	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____1
07	TOTAL	=====	=====	\$ =====	=====	\$ =====	=====	\$ =====	=====	\$ =====	=====	=====

* Full-time equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2080

1 Total wages paid to owners to Page 4 Col 2 Line 01

2 Total FTEs to Page 4 Col 1 Line 01

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OPERATING EXPENSES
DETAIL OF SALARIES/WAGES
SCHEDULE II

Line

No. Detail of Salaries/Wages - Other Than Officers/Owners

01 MANAGEMENT:

METHOD OF COMPENSATION:

Certification and/or Title	Scheduled Shifts (I.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$s Per Run or Shift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

02 AMBULANCE PERSONNEL:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

03 OTHER PERSONNEL:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

**DEPRECIATION AND/OR RENT/LEASE EXPENSE
 SCHEDULE III**

**AMBULANCE VEHICLES AND
 ACCESSORIAL EQUIPMENT ONLY**

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	2

* Complete Description of property, date placed in service, and rent/lease amount only.

1 To Page 13, Line 19, Column I

2 To Page 13, Line 19, Column K

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

**DEPRECIATION AND/OR RENT/LEASE EXPENSE
SCHEDULE III**

ALL OTHER ITEMS

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
19	SUBTOTAL from Page 12, Line 20	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
20	SUM of Line 18 and 19	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	4

* Complete Description of property, date placed in service, and rent/lease amount only.

3 To Page 6, Line 01

4 To Page 6, Line 04

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

DETAIL OF INTEREST - Schedule IV

<u>Line No.</u>	<u>Description</u>	(1) <u>Interest Rate</u>	(2) <u>Principal Balance Beginning of Period</u>	(3) <u>End of Period</u>	(4) <u>Interest Expense Related Persons or Organizations</u>	(5) <u>Other</u>
	Service Vehicles & Accessorial Equipment					
	Name of Payee:					
01	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
02	_____					
03	_____					
04	_____					
	Communication Equipment					
	Name of Payee:					
05	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
06	_____					
07	_____					
	Other Property and Equipment					
	Name of Payee:					
08	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
09	_____					
10	_____					
	Working Capital					
	Name of Payee:					
11	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
12	_____					
13	_____					
	Other					
	Name of Payee:					
14	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
15	TOTAL		\$ _____	\$ _____	\$ _____	\$ _____

------(To Page 2, Column 2, Line 16)-----

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

BALANCE SHEET

ASSETS

CURRENT ASSETS

01	Cash	\$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		\$ _____

PROPERTY & EQUIPMENT

08	Less: Accumulated Depreciation		\$ _____
----	--------------------------------	--	----------

09	OTHER NONCURRENT ASSETS		\$ _____
----	--------------------------------	--	----------

10	TOTAL ASSETS		\$ _____
----	---------------------	--	----------

LIABILITIES AND EQUITY

CURRENT LIABILITIES

11	Accounts Payable	\$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of Long Term Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		\$ _____

19	NOTES PAYABLE	_____	
----	----------------------	-------	--

20	LONG TERM DEBT OTHER	_____	
----	-----------------------------	-------	--

21	TOTAL LONG-TERM DEBT		\$ _____
----	-----------------------------	--	----------

EQUITY AND OTHER CREDITS

Paid-in Capital:

22	Common Stock	\$ _____	
----	--------------	----------	--

23	Paid-In Capital in Excess of Par Value	_____	
----	--	-------	--

24	Contributed Capital	_____	
----	---------------------	-------	--

25	Retained Earnings	_____	
----	-------------------	-------	--

26	Fund Balances	_____	
----	---------------	-------	--

27	TOTAL EQUITY		\$ _____
----	---------------------	--	----------

28	TOTAL LIABILITIES & EQUITY		\$ _____
----	---------------------------------------	--	----------

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

01	Net (loss) Income	\$ _____	
	Adjustments to reconcile net income to net cash provided by operating activities:		
02	Depreciation Expense	_____	
03	Deferred Income Tax	_____	
04	Loss (gain) on Disposal of Property and Equipment	_____	
	(Increase) Decrease in:		
05	Accounts Receivable	_____	
06	Inventories	_____	
07	Prepaid Expenses	_____	
	(Increase) Decrease in:		
08	Accounts Payable	_____	
09	Accrued Expenses	_____	
10	Deferred Subscription Income	_____	
11	Net Cash Provided (Used) by Operating Activities	\$ _____	

INVESTING ACTIVITIES:

12	Purchases of Property and Equipment	\$ _____	
13	Proceeds from Disposal of Property and Equipment	_____	
14	Purchases of Investments	_____	
15	Proceeds from Disposal of Investments	_____	
16	Loans Made	_____	
17	Collections on Loans	_____	
18	Other _____	_____	
19	Net Cash Provided (Used) by Investing Activities	\$ _____	

FINANCING ACTIVITIES:

New Borrowings:			
20	Long-Term	\$ _____	
21	Short-Term	_____	
Debt Reduction:			
22	Long-Term	_____	
23	Short-Term	_____	
24	Capital Contributions	_____	
25	Dividends paid	_____	
26	Net Cash Provided (Used) by Financing Activities	\$ _____	
27	Net Increase (Decrease) in Cash	\$ _____	
28	Cash at Beginning of Year	\$ _____	
29	Cash at End of Year	\$ _____	

30 SUPPLEMENTAL DISCLOSURES:

Non-cash Investing and Financing Transactions:			
31	_____	\$ _____	
32	_____	_____	
33	Interest Paid (Net of Amounts Capitalized)	_____	
34	Income Taxes Paid	_____	

Arizona Administrative Register / Secretary of State
Notices of Exempt Rulemaking

Exhibit ~~B-9B~~. Ambulance Revenue and Cost Report, Fire District and Small Rural Company

Department of Health Services
Annual Ambulance Financial Report

Reporting Ambulance Service

Report Fiscal Year
From: ____/____/____ **To:** ____/____/____
Mo. Day Year Mo. Day Year

CERTIFICATION

I hereby certify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____ *Date:* _____

Print Name and Title: _____

Mail to:

Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
~~1651 East Morten Avenue, Suite 130~~ 150 North 18th Avenue, Suite 540
Phoenix, AZ ~~85020~~ 85007
Telephone: (602) ~~861-0809~~ 364-3150
Fax: (602) ~~861-9812~~ 364-3567

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Revised 8/2/00 December 2013

Notices of Exempt Rulemaking

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

STATISTICAL SUPPORT DATA

Line No. DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01 Number of ALS Billable Transports:	_____	_____	_____	_____
02 Number of BLS Billable Transports:	_____	_____	_____	_____
03 Number of Loaded Billable Miles:	_____	_____	_____	_____
04 Waiting Time (Hr. & Min.):	_____	_____	_____	_____
05 Canceled (Non-Billable) Runs:	_____	_____	_____	_____

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

06 ALS Base Rate Revenue				\$ _____
07 BLS Base Rate Revenue				_____
08 Mileage Charge Revenue				_____
09 Waiting Charge Revenue				_____
10 Medical Supplies Charge Revenue				_____
11 Nurses Charge Revenue				_____
12 Standby Charge Revenue (Attach Schedule)				_____
13 TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE				\$ _____

SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:

****No. of F.T.E.s**

14 Management	\$ _____	\$ _____
15 Paramedics, <u>EMT-I(99)s</u> , and EMTs <u>AEMTs</u>	\$ _____	\$ _____
16 Emergency Medical Technician (EMT).	\$ _____	\$ _____
17 Other Personnel	\$ _____	\$ _____
18 Payroll Taxes and Fringe Benefits - All Personnel.	\$ _____	\$ _____

*This column reports only those runs where a contracted discount rate was applied.

**Full-time equivalents (F.T.E.) is the sum of all hours for which employees' wages were paid during the year divided by 2080.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

SCHEDULE OF REVENUES AND EXPENSES

Line	No. DESCRIPTION	FROM	
Operating Revenues:			
01	Total Ambulance Service Operating Revenue	Page 2, Line 13	\$ _____
Settlement Amounts:			
02	AHCCCS		(_____)
03	Medicare		(_____)
04	Subscription Service		(_____)
05	Contractual		(_____)
06	Other		(_____)
07	Total (Sum of Lines 02 through 06)		(_____)
08	Total Operating Revenue (Line 01 minus Line 07)		\$ _____
Operating Expenses:			
09	Bad Debt		
10	Total Salaries, Wages, and Employee- Related Expenses		\$ _____
11	Professional Services		_____
12	Travel and Entertainment		_____
13	Other General Administrative		_____
14	Depreciation		_____
15	Rent/Leasing		_____
16	Building/Station		_____
17	Vehicle Expense		_____
18	Other Operating Expense		_____
19	Cost of Medical Supplies Charged to Patients		_____
20	Interest		_____
21	Subscription Service Sales Expense		_____
22	Total Operating Expense (Sum of Lines 09 through 21)		_____
23	Total Operating Income or Loss (Line 08 minus Line 22).		\$ _____
24	Subscription Contract Sales		_____
25	Other Operating Revenue		_____
26	Local Supportive Funding		_____
27	Other Non-Operating Income (Attach Schedule).		_____
28	Other Non-Operating Expense (Attach Schedule).		_____
29	NET INCOME/(LOSS) (Line 23 plus Sum of Lines 24 through 28).		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

BALANCE SHEET

ASSETS

CURRENT ASSETS

Table with 3 columns: Description, Amount, and Total. Rows include Cash, Accounts Receivable, Inventory, Prepaid Expenses, and TOTAL CURRENT ASSETS.

PROPERTY & EQUIPMENT

Table with 3 columns: Description, Amount, and Total. Row includes Less: Accumulated Depreciation.

Table with 3 columns: Description, Amount, and Total. Row includes OTHER NONCURRENT ASSETS.

Table with 3 columns: Description, Amount, and Total. Row includes TOTAL ASSETS.

LIABILITIES AND EQUITY

CURRENT LIABILITIES

Table with 3 columns: Description, Amount, and Total. Rows include Accounts Payable, Current Portion of Notes Payable, Current Portion of Long term Debt, Deferred Subscription Income, Accrued Expenses and Other, and TOTAL CURRENT LIABILITIES.

Table with 3 columns: Description, Amount, and Total. Row includes NOTES PAYABLE.

Table with 3 columns: Description, Amount, and Total. Row includes LONG TERM DEBT OTHER.

Table with 3 columns: Description, Amount, and Total. Row includes TOTAL LONG-TERM DEBT.

EQUITY AND OTHER CREDITS

Paid-in Capital:

Table with 3 columns: Description, Amount, and Total. Rows include Common Stock, Paid-In Capital in Excess of Par Value, Contributed Capital, Retained Earnings, Fund Balances, and TOTAL EQUITY.

Table with 3 columns: Description, Amount, and Total. Row includes TOTAL LIABILITIES & EQUITY.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

Table with 3 columns: Line Item, Description, Amount. Includes items like Net (loss) Income, Depreciation Expense, and Net Cash Provided (Used) by Operating Activities.

INVESTING ACTIVITIES:

Table with 3 columns: Line Item, Description, Amount. Includes items like Purchases of Property and Equipment, Proceeds from Disposal of Property and Equipment, and Net Cash Provided (Used) by Investing Activities.

FINANCING ACTIVITIES:

Table with 3 columns: Line Item, Description, Amount. Includes items like New Borrowings, Debt Reduction, Capital Contributions, and Net Cash Provided (Used) by Financing Activities.

SUPPLEMENTAL DISCLOSURES:

Table with 3 columns: Line Item, Description, Amount. Includes items like Non-cash Investing and Financing Transactions, Interest Paid, and Income Taxes Paid.

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INSTRUCTIONS

Page 1: COVER

1. Enter the name of the ambulance service on the line "Reporting Ambulance Service."
2. Print the name and title of the ambulance service's authorized representative on the lines indicated; enter the date of signature; authorized representative must sign the report.

Page 2: STATISTICAL SUPPORT DATA and ROUTINE OPERATING REVENUE

Enter the ambulance service's business name and the appropriate reporting period.

Statistical Support Data:

- Lines 01-02: Enter the number of billable ALS and BLS transports for each of the three categories. Subscription Service Transports should not be included with Transports Under Contract.
- Lines 03-04: Enter the total of patient loaded transport miles and waiting times for each of the transport categories.
- Line 05: List TOTAL of canceled/non-billable runs.

Ambulance Service Routine Operating Revenue:

- Line 06: Enter the total amount of all ALS Base Rate gross billings.
- Line 07: Enter the total amount of all BLS Base Rate gross billings.
- Line 08: Enter the total of Mileage Charge gross billings.
- Line 09: Enter the total Waiting Time gross billings.
- Line 10: Enter the total of all gross billings of Medical Supplies to patients.
- Line 11: RESERVED FOR FUTURE USE - Charges for Nurses currently are not allowed.
- Line 12: Enter the total of all Standby Time charges. (Attach a schedule showing sources.)
- Line 13: Add the totals from Line 06 through Line 12. Enter sum on Line 13.

Salary and Wage Expense Detail:

- Line 14: Enter the total salary amount allocated and paid to Management of the ambulance service.
- Line 15: Enter the total salary amount allocated and paid to Paramedics, EMT-I(99)s, and ~~HEMTs~~ AEMTs.
- Line 16: Enter the total salary amount allocated and paid to Emergency Medical Technicians (EMTs).
- Line 17: Enter the total salary amount allocated and paid to Other Personnel involved with the ambulance service. (Examples: Dispatch, Mechanics, Office)
- Line 18: Enter the total allocated amount of Payroll Taxes and Fringe Benefits paid to employees included in lines 14 through 17.

ANNUAL AMBULANCE FINANCIAL REPORT

EXPENSE CATEGORIES FOR USE ON PAGE 3

- Line 09 Bad Debt
- Line 10 Total Salaries, Wages, and Employee-Related Expenses
 - Salaries, Wages, Payroll Taxes, and Employee Benefits
- Line 11 Professional Services
 - Legal/Management Fees
 - Collection Fees
 - Accounting/Auditing
 - Data Processing Fees
- Line 12 Travel and Entertainment (Administrative)
 - Meals and Entertainment
 - Travel/Transportation
- Line 13 Other General and Administrative
 - Office Related (Supplies, Phone, Postage, Advertising)
 - Professional Liability Insurance
 - Dues, Subscriptions, Miscellaneous
- Line 14 Depreciation
- Line 15 Rent/Leasing
- Line 16 Building/Station
 - Utilities, Property Taxes/Insurance, Cleaning/Maintenance
- Line 17 Vehicle Expenses
 - License/Registration
 - Repairs/Maintenance
 - Insurance
- Line 18 Other Operating Expenses
 - Dispatch Contracts
 - Employee Education/Training, Uniforms, Travel/Meals
 - Maintenance Contracts
 - Minor Equipment, Non-Chargeable Ambulance Supplies
- Line 19 Cost of Medical Supplies Charged to Patients
- Line 20 Interest Expense
 - Interest on: Bank Loans/Lines of Credit
- Line 21 Subscription Service Sales Expenses
 - Sales Commissions, Printing

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INSTRUCTIONS (cont'd)

Page 3: SCHEDULE OF REVENUES AND EXPENSES

Operating Revenues:

- Line 01: Transfer appropriate total from Page 2 as indicated.
- Line 02: Enter settlement amounts from AHCCCS transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)
- Line 03: Enter settlement amounts from Medicare transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)
- Line 04: Enter total of ALL settlement amounts from Subscription Service Contract transports.
- Line 05: Enter total of ALL settlement amounts from Contractual transports only.
- Line 06: Enter total from any other settlement sources.
- Line 07: Enter sum of lines 02 through 06.
- Line 08: Total Operating Revenue (The amount from Line 01 minus Line 07).

Operating Expenses:

- Lines 09-21: Report as either actual or allocated from expenses shared with Fire or other departments.
- Line 22: Enter the total sum of lines 09 through 21.
- Line 23: Enter the difference of line 08 minus line 22.
- Line 24: Enter the gross amount of sales from Subscription Service Contracts.
- Line 25: Enter the amount of Other Operating Revenues.
Ex: Federal, State or Local Grants, Interest Earned, Patient Finance Charges.
- Line 26: Enter the total of Local Supportive Funding.
- Line 27: List other non-operating revenues (Ex: Donations, sales of assets, fund raisers).
- Line 28: List other non-operating expenses (Ex: Civil fines or penalties, loss on sale of assets).
- Line 29: Net Income (Line 23 plus Lines 24 through 27, minus Line 28).

Page 4: BALANCE SHEET

Current audited financial statements may be submitted in lieu of this page.

Page 5: STATEMENT OF CASH FLOWS

Current audited financial statements may be submitted in lieu of this page.

Questions regarding this reporting form can be submitted to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section

~~1651 E. Morten, Suite 130~~ 150 North 18th Avenue, Suite 540
Phoenix, AZ ~~85020~~ 85007
~~PH: (602) 861-0809~~ Telephone: (602) 364-3150
~~FAX (602) 861-9812~~ Fax: (602) 364-3567

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

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An applicant for a certificate of registration or certificate holder shall ensure a ground ambulance vehicle is equipped with the following:

1. An engine intake air cleaner that meets the ground ambulance vehicle manufacturer's engine specifications;
2. A brake system that meets the requirements in A.R.S. § 28-952;
3. A cooling system in the engine compartment that maintains the engine temperature operating range required to prevent damage to the ground ambulance vehicle engine;
4. A battery:
 - a. With no leaks, corrosion, or other visible defects; and
 - b. As measured by a voltage meter, capable of generating:
 - i. 12.6 volts at rest; and
 - ii. 13.2 to 14.2 volts on high idle with all electrical equipment turned on;
5. A wiring system in the engine compartment designed to prevent the wire from being cut by or tangled in the engine or hood;
6. Hoses, belts, and wiring with no visible defects;
7. An electrical system capable of maintaining a positive amperage charge while the ground ambulance vehicle is stationary and operating at high idle with headlights, running lights, patient compartment lights, environmental systems, and all warning devices turned on;
8. An exhaust pipe, muffler, and tailpipe under the ground ambulance vehicle and securely attached to the chassis;
9. A frame capable of supporting the gross vehicle weight of the ground ambulance vehicle;
10. A horn that meets the requirements in A.R.S. § 28-954(A);
11. A siren that meets the requirements in A.R.S. § 28-954(E);
12. A front bumper that is positioned at the forward-most part of the ground ambulance vehicle extending to the ground ambulance vehicle's outer edges;
13. A fuel cap of a type specified by the manufacturer for each fuel tank;
14. A steering system to include:
 - a. Power-steering belts free from frays, cracks, or slippage;
 - b. Power-steering that is free from leaks;
 - c. Fluid in the power-steering system that fills the reservoir between the full level and the add level indicator on the dipstick; and
 - d. Bracing extending from the center of the steering wheel to the steering wheel ring that is not cracked;
15. Front and rear shock absorbers that are free from leaks;
16. Tires on each axle that:
 - a. Are properly inflated;
 - b. Are of equal size, equal ply ratings, and equal type;
 - c. Are free of bumps, knots, or bulges;
 - d. Have no exposed ply or belting; and
 - e. Have tread groove depth equal to or more than $\frac{4}{32}$ inch;
17. An air cooling system capable of achieving and maintaining a 20° F difference between the air intake and the cool air outlet;
18. Air cooling and heater hoses secured in all areas of the ground ambulance vehicle and chassis to prevent wear due to vibration;
19. Body free of damage or rust that interferes with the physical operation of the ground ambulance vehicle or creates a hole in the driver's compartment or the patient compartment;
20. Windshield defrosting and defogging equipment;
21. Emergency warning lights that provide 360° conspicuity;
22. At least one 5-lb. ABC dry, chemical, multi-purpose fire extinguisher in a quick release bracket with a current inspection tag;
23. A heating system capable of achieving and maintaining a temperature of not less than 68° F in the patient compartment within 30 minutes;
24. Sides of the ground ambulance vehicle insulated and sealed to prevent dust, dirt, water, carbon monoxide, and gas fumes from entering the interior of the patient compartment and to reduce noise;
25. Interior patient compartment wall and floor coverings that are:
 - a. In good repair and capable of being disinfected, and
 - b. Maintained in a sanitary manner;
- ~~25-26.~~ Padding over exit areas from the patient compartment and over sharp edges in the patient compartment;
- ~~26-27.~~ Secured interior equipment and other objects;
- ~~27-28.~~ When present, hangers or supports for equipment mounted not to protrude more than 2 inches when not in use;
- ~~28-29.~~ Functional lamps and signals, including:
 - a. Bright and dim headlamps,

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- b. Brake lamps,
 - c. Parking lamps,
 - d. Backup lamps,
 - e. Tail lamps,
 - f. Turn signal lamps,
 - g. Side marker lamps,
 - h. Hazard lamps,
 - i. Patient loading door lamps and side spot lamps,
 - j. Spot lamp in the driver's compartment and within reach of the ambulance attendant, and
 - k. Patient compartment interior lamps;
- ~~29-30.~~ Side-mounted rear vision mirrors and wide vision mirror mounted on, or attached to, the side-mounted rear vision mirrors;
- ~~30-31.~~ A patient loading door that permits the safe loading and unloading of a patient occupying a stretcher in a supine position;
- ~~32.~~ At least two means of egress from the patient compartment to the outside through a window or door;
- ~~31-33.~~ Functional open door securing devices on a patient loading door;
- ~~32-34.~~ Patient compartment upholstery free of cuts or tears and capable of being disinfected;
- ~~33-35.~~ A seat belt installed for each seat in the driver's compartment;
- ~~34-36.~~ Belts or devices installed on a stretcher to be used to secure a patient;
- ~~35-37.~~ A seat belt installed for each seat in the patient compartment;
- ~~36-38.~~ A crash stable side or center mounting fastener of the quick release type to secure a stretcher to a ground ambulance vehicle;
- ~~37-39.~~ Windshield and windows free of obstruction;
- ~~38-40.~~ A windshield free from unrepaired starred cracks and line cracks that extend more than 1 inch from the bottom and sides of the windshield or that extend more than 2 inches from the top of the windshield;
- ~~39-41.~~ A windshield-washer system that applies enough cleaning solution to clear the windshield;
- ~~40-42.~~ Operable windshield wipers with a minimum of two speeds;
- ~~41-43.~~ Functional hood latch for the engine compartment;
- ~~42-44.~~ Fuel system with fuel tanks and lines that meets manufacturer's specifications;
- ~~43-45.~~ Suspension system that meets the ground ambulance vehicle manufacturer's specifications;
- ~~44-46.~~ Instrument panel that meets the ground ambulance vehicle manufacturer's specifications; and
- ~~45-47.~~ Wheels that meet and are mounted according to manufacturer's specifications.

R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

- A. A ground ambulance vehicle used for either BLS or ALS level of service shall contain the following operational equipment and supplies:
- 1. A portable and a fixed suction apparatus;
 - 2. Wide-bore tubing, a rigid pharyngeal curved suction tip, and a flexible suction catheter in ~~each of~~ the following French sizes: ~~5, 10, and 14~~
 - a. Two in 6, 8, or 10; and
 - b. Two in 12, 14, or 16;
 - 3. One fixed oxygen cylinder or equivalent with a minimum capacity of 106 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
 - 4. One portable oxygen cylinder with a minimum capacity of 13 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
 - 5. Oxygen administration equipment including: tubing, two adult-size and two pediatric-size non-rebreather masks, and two adult-size and two pediatric-size nasal cannula;
 - 6. One adult-size, one child-size, ~~and~~ one infant-size, and one neonate-size hand-operated, disposable, self-expanding bag-valve with one of each size bag-valve mask;
 - 7. Nasal airways in the following French sizes:
 - a. One in 16, 18, 20, 22, or 24; and
 - b. One in 26, 28, 30, 32, or 34;
 - ~~7-8.~~ Two adult-size, two child-size, and two infant-size oropharyngeal airways;
 - ~~8-9.~~ Two large-size, two medium-size, and two small-size cervical immobilization devices;
 - ~~9-10.~~ Two small-size, two medium-size, and two large size upper ~~and two lower~~ extremities splints;
 - ~~11.~~ Two small-size, two medium-size, and two large size lower extremities splints;
 - ~~10-12.~~ One child-size and one adult-size lower extremity traction splint splints;
 - ~~11-13.~~ Two full-length spine boards;
 - ~~12-14.~~ Supplies to secure a patient to a spine board;

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- ~~13-15.~~ One cervical-thoracic spinal immobilization device for extrication;
- ~~14-16.~~ Two sterile burn sheets;
- ~~15-17.~~ Two triangular bandages;
- ~~16-18.~~ Three sterile multi-trauma dressings, 10" x 30" or larger;
- ~~17.~~ Four abdomen bandages, 5" x 7" or larger;
- ~~18-19.~~ Fifty non-sterile 4" x 4" gauze sponges;
- ~~19-20.~~ Ten non-sterile soft roller bandages, 4" or larger;
- ~~20.~~ Two non-sterile elastic roller bandages or self-adherent wrap bandages, 3" or larger;
- 21. Four sterile occlusive dressings, 3" x 8" or larger;
- 22. Two 2" or 3" adhesive tape rolls;
- ~~23.~~ Containers for biohazardous medical waste that comply with requirements in 18 A.A.C. 13, Article 14;
- ~~23-24.~~ A sterile obstetrical kit containing towels, 4" x 4" dressing, scissors, bulb suction, and clamps or tape for cord;
- ~~25.~~ One blood glucose testing kit;
- ~~26.~~ A meconium aspirator adapter;
- ~~27.~~ A length/weight-based pediatric reference guide to determine the appropriate size of medical equipment and drug dosing;
- ~~28.~~ A pulse oximeter with both pediatric and adult probes;
- ~~24-29.~~ One child-size, one adult-size, and one large adult-size sphygmomanometer;
- ~~25-30.~~ One stethoscope;
- ~~26-31.~~ One heavy duty scissors capable of cutting clothing, belts, or boots;
- ~~27-32.~~ Two blankets;
- ~~33.~~ One thermal absorbent blanket with head cover or blanket of other appropriate heat-reflective material;
- ~~28-34.~~ Two sheets;
- ~~29-35.~~ Body substance isolation equipment, including:
 - a. Two pairs of non-sterile disposable gloves;
 - b. Two gowns;
 - c. Two masks that are at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which may be of universal size;
 - d. Two pairs of shoe coverings; and
 - e. Two sets of protective eye wear;
- ~~30-36.~~ At least three pairs of non-latex gloves; and
- ~~31-37.~~ A wheeled, multi-level stretcher that is:
 - a. Suitable for supporting a patient at each level;₂
 - b. At least 69 inches long and 20 inches wide;₂
 - c. Rated for use with a patient weighing up to or more than 350 pounds;₂
 - d. Adjustable to allow a patient to recline and to elevate the patient's head and upper torso to an angle at least 70° from the horizontal plane;₂
 - e. Equipped with a mattress that has a protective cover;₂
 - f. Equipped with at least two attached straps to secure a patient during transport;₂ and
 - g. Equipped to secure the stretcher to the interior of the vehicle during transport using the fastener required under ~~R9-25-1002(36)~~ R9-25-1002(38).
- B.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide BLS shall contain at least:
 - 1. The minimum supply of agents required in Table ~~4 in R9-25-503 5.2~~ for an ~~EMT-B~~ EMT;₂
 - ~~2.~~ By January 1, 2016, the capability of providing automated external defibrillation;
 - ~~2-3.~~ Two 3 mL syringes;₂ and
 - ~~3-4.~~ Two 10-12 mL syringes.
- C.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain at least the minimum supply of agents required in Table ~~4 in R9-25-503 5.2~~ for the highest level of service to be provided by the ambulance's crew and at least the following:
 - 1. Four intravenous solution administration sets capable of delivering 10 drops per cc;
 - 2. Four intravenous solution administration sets capable of delivering 60 drops per cc;
 - 3. Intravenous catheters ~~of various in:~~
 - a. Three different sizes from 14 gauge to 20 gauge, and
 - b. Either 22 or 24 gauge;
 - 4. One child-size and one adult-size intraosseous needle;
 - ~~4-5.~~ Venous tourniquet;
 - ~~5-6.~~ One endotracheal tube in each size from 3.0 mm to 9.0 mm Two endotracheal tubes in each of the following sizes: 2.5 mm, 3.0 mm, 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5 mm, 6.0 mm, 7.0 mm, 8.0 mm, and 9.0 mm;

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- 7. One pediatric-size and one adult-size stylette for endotracheal tubes;
 - 8. End tidal CO2 monitoring/capnography equipment with capability for pediatric and adult patients;
 - ~~6-9.~~ One laryngoscope with blades in sizes 0-4, straight or curved or both;
 - ~~7-10.~~ One adult pediatric-size and one adult-size Magill forceps;
 - ~~8-11~~ One scalpel;
 - ~~9-12.~~ One portable, battery-operated cardiac monitor-defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities;
 - ~~10-13.~~ Electrocardiogram leads;
 - ~~11.~~ One blood glucose testing kit;
 - ~~12-14.~~ The following syringes:
 - a. Two 1 mL tuberculin,
 - b. Four 3 mL,
 - c. Four 5 mL,
 - ~~e-d.~~ Four 10-12 mL,
 - ~~d-e.~~ Two 20 mL, and
 - ~~e-f.~~ Two 50-60 mL;
 - ~~13-15~~ Three 5 micron filter needles; and
 - ~~14-16.~~ Assorted sizes of non-filter needles.
- D. A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:
- 1. The ambulance attendant and the dispatch center;
 - 2. The ambulance attendant and the ground ambulance service's assigned medical direction authority, if any; and
 - 3. The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority, if any.

R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (Authorized by A.R.S. §§ 36-2201(4), 36-2202(A)(5))

When transporting a patient, a ground ambulance service shall staff a ground ambulance vehicle according to A.R.S. § ~~36-2202(A)~~ 36-2202(J).

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

R9-25-1201. Time-frames (Authorized by A.R.S. §§ 41-1072 through 41-1079)

- A. The overall time-frame described in A.R.S. § ~~41-1072(2)~~ 41-1072 for each type of approval granted by the Department is listed in Table ~~† 12.1~~. The applicant and the Director may agree in writing to extend the overall time-frame. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § ~~41-1072(1)~~ 41-1072 for each type of approval granted by the Department is listed in Table ~~† 12.1~~. The administrative completeness review time-frame begins on the date that the Department receives an application form or an application packet.
 - 1. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the written request until the date the Department receives a complete application packet from the applicant.
 - 2. When an application packet is complete, the Department shall send a written notice of administrative completeness.
 - 3. If the Department grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § ~~41-1072(3)~~ 41-1072 is listed in Table ~~† 12.1~~ and begins on the postmark date of the notice of administrative completeness.
 - 1. As part of the substantive review time-frame for an application for an approval other than renewal of an ambulance registration, the Department shall conduct inspections, conduct investigations, or hold hearings required by law.
 - 2. If required under ~~R9-25-403~~ R9-25-402, the Department shall fix the period and terms of probation as part of the substantive review.
 - 3. During the substantive review time-frame, the Department may make one comprehensive written request for additional documents or information and ~~it~~ may make supplemental requests for additional information with the applicant's written consent.
 - 4. The substantive review time-frame and the overall time-frame are suspended from the postmark date of the written request for additional information or documents until the Department receives the additional information or documents.
 - 5. The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted.
 - 6. The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 36, Chapter 21.1, and this Chapter for the type of application submitted.

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- D. If an applicant fails to supply the documents or information under subsections (B)(1) and (C)(3) within the number of days specified in Table 4.12.1 from the postmark date of the written notice or comprehensive written request, the Department shall consider the application withdrawn.
- E. An applicant that does not wish an application to be considered withdrawn may request a denial in writing within the number of days specified in Table 4.12.1 from the postmark date of the written notice or comprehensive written request for documents or information under subsections (B)(1) and (C)(3).
- F. If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the Department shall consider the next business day as the time-frame's last day.

Table 4.12.1. Time-frames (in days)

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
ALS Base Hospital Certification (R9-25-208) <u>(R9-25-204)</u>	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5)	45	15	60	30	60
Amendment of an ALS Base Hospital Certificate (R9-25-209)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5) and (6)	30	15	60	15	60
Training Program Certification (R9-25-302) <u>(R9-25-301)</u>	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	120	30	60	90	60
Amendment of a Training Program Certificate Addition of a Course (R9-25-303)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	90	30	60	60	60
EMT/EMCT Certification (R9-25-404) <u>(R9-25-403)</u>	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1)	120	30	90	90	270
Temporary Nonrenewable EMT-B or EMT-P Certification (R9-25-405)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (7)	120	30	90	90	60
EMT/EMCT Recertification (R9-25-406) <u>(R9-25-404)</u>	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (4)	120	30	60	90	60
Extension to File for EMT/EMCT Recertification (R9-25-407) <u>(R9-25-405)</u>	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (7)	30	15	60	15	60
Downgrading of Certification (R9-25-408) <u>(R9-25-406)</u>	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (6)	30	15	60	15	60
Initial Air Ambulance Service License (R9-25-704)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	150	30	60	120	60
Renewal of an Air Ambulance Service License (R9-25-705)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	90	30	60	60	60
Transfer of an Air Ambulance Service License (R9-25-706)	A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11	150	30	60	120	60
Initial Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60

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Renewal of a Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	450	30	60	420	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	90	30	60	60	60
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	450	30	60	420	60
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450	30	60	420	60
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	450	30	60	420	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15	15	Not Applicable
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	450	30	60	420	60